

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT -9 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F58654**

1. Corporation Name

ALPHA OMEGA BLDG. SYSTEMS INC

2. Principal Office Address

3923 LAKE WORTH ROAD

Suite, Apt. #, etc.

115

City & State

LAKE WORTH, FL.

Zip

33461

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 4111

Suite, Apt. #, etc.

City & State

LANTANA, FL.

Zip

33465

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/82

SP

5. FEI Number

59-2140765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH RYGWALSKI JR.

Street Address (P.O. Box Number is Not Acceptable)

1330 N O ST

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State

FL

Zip Code

33460-1938

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph Rygwalski Jr.

REGISTERED AGENT MUST SIGN

Date

10/5/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOSEPH RYGWALSKI JR.	1330 N O ST	LAKE WORTH, FL. 33460
SIT	JAMES F. DORAN	1318 LAKE ERIE DR.	LAKE WORTH, FL. 33461

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James F. Doran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/2000

Daytime Phone #