

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

29
12.2007

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58654

1. Corporation Name

Alpha + Omega Building Systems, Inc.

2. Principal Office Address - No P.O. Box #

1318 Lake Erie Dr

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33462

Country

U.S.

3. Mailing Office Address

P.O. Box 4111

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33465

Country

U.S.

REINSTATEMENT

03-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/81

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

James Doran

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

1318 Lake Erie Dr

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33462

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
P	James Doran	1318 Lake Erie Dr	Lake Worth, FL 33462

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/07 561242-0574