

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000000882

Name and Mailing Address

02 DEC -2 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002392 01 FP 0.352 \*\*PRSR T8 0 0615 33155-202930



ALPHA INTERNATIONAL GALLERIES, L.L.C.

2330 SW 62 COURT

MIAMI FL 33155-2029



2. New Mailing Address

2330 SW 62nd Court

City, State, Zip

Miami FL 33155

Principal Place of Business

2330 SW 62 COURT  
MIAMI FL 33155

3. New Principal Place of Business Address

Same as above

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/17/2001

6. FEI Number

65-1073526

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

DORFSMAN, SILVIA  
2330 SW 62 COURT  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date November 26, 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Director	Silvia S. Dorfsman	2330 SW 62nd Ct. Miami, FL 33155	Miami, FL 33155
Secretary	Olga Busto	18480 SW 7th St. Pembroke Pines, FL 33029	Pembroke Pines, FL 33029

REINSTATEMENT

2002

000009297370  
12/02/02--01049--010 \*\$155.00

Mk

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date NOV 26, 2002 Daytime Phone (305) 300-6999

Typed or printed name of signing Managing Member/Manager