

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000001688
Name and Mailing Address

0011705 01 AT 0.292 **AUTO T3 0 0615 33408-521038

ALPHA COMMERCIAL, L.L.C.
838 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408-5210

MJM



10/28 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 838 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408		5. Date Organized or Qualified To Do Business in Florida 01/18/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 800036648	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent ANTONIOU, PANOS 838 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408		9. Name and Address of New Registered Agent Name 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 10-20-03			
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
MGR	ANTONIOU, PANOS	838 NORTHLAKE BLVD.	NORTH PALM BEACH FL 33408
			900024185329 10/28/03--01008--005 **150.00
			REINSTATEMENT
12. I certify that I am managing member/manager or the receiver of a 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 Typed or printed name of signing Managing Member/Manager			