

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 OCT 28 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FL

800455718236

10/28/24--01029--002 **100.00

DOCUMENT # 002

1. Limited Liability Company's Name

Alpha Contracting Solution

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

5756 Antietam Drive

Suite, Apt. #, etc

City & State

Sarasota

Zip

34232

Country

Sarasota

3. Mailing Office Address

5317 Fruitville Rd

Suite, Apt. #, etc

City & State

FL

Zip

34232

Country

Sarasota

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Name

Nazar Jasim

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

5756 Antietam Drive

Apt. #, Etc

City

Sarasota

State

FL

Zip Code

34232

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-15-2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
VP	Safaa Kadhim Ghyadh	Putouskuja 7D, 43	Vantaa, Finland, 01600
M	Hussien Mizher Agal	House #8, Alkhaleej Street	Aziziyah, Iraq, 00964

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

11/15/2024

Daytime Phone #

7272698810

Typed or printed name of signing authorized representative/member

Nazar Jasim