

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

103

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 17 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L53429

1. Corporation Name

ALPHA WEIGHT CONTROL CENTER, INC.

2. Principal Office Address

201 Trismen Terrace

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

WOP

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1990

5. FEI Number

592992432

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

Ivan M. Lefkowitz

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

430 North Mills Avenue

Suite, Apt. #, Etc.

400030930994

03/23/04--01064--004 **300.00

City

Orlando

State

FL

Zip Code

32803

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

REGISTERED AGENT MUST SIGN

Date

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
D	Randall B. Greene, DO	201 Trismen Terrace	Winter Park, FL 32789
PST	Paul R. Sprague	70 Main Street, 2nd Floor	New Canaan, CT 06840

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:

Randall B. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL B GREENE DO
DIRECTOR

3/16/04

Date

Daytime Phone #

CR2E01 (07/04)

LEFKOWITZ, BLOOM & SHAW, P.A.

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
GWEN D. BLOOM +
THOMAS C. SHAW

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ORLANDO, FLORIDA 32803

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WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
+ ALSO ADMITTED IN MASSACHUSETTS

March 16, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: M. Greene, Inc., Alpha Weight Control Center,
Inc., Alpha Medical Weight Loss Center, Inc.

Dear Sir or Madam:

Enclosed for filing are the following:

1. M. Greene, Inc.
 - a. Reinstatement.
 - b. Check for annual fees for 2003 and 2004.
2. Alpha Weight Control Center, Inc.
 - a. Reinstatement.
 - b. Check for annual fees for 2003 and 2004.
3. Alpha Medical Weight Loss Center, Inc.
 - a. Reinstatement.
 - b. Check for annual fees for 2003 and 2004.

The annual report information for 2003 and 2004 was apparently mailed to 142 South Semoran Boulevard, Orlando, Florida 32807, and the companies did not receive their annual report mailings. Our corporate mailing address throughout that time was 172 South Semoran Boulevard, Orlando, Florida 32807, and we are changing our mailing addresses as indicated in these enclosed documents. We request that you waive the reinstatement fee.

Florida Department of State
Division of Corporations
March 16, 2004
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If you have any questions, please feel free to give me a telephone call.

Yours very truly,



Thomas C. Shaw

TCS:cey
Enclosures