

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65304**

1. Corporation Name

ALPHA ENGINEERING OF LEE COUNTY INCORPORATED

Principal Place of Business

6315 PRESIDENTIAL COURT
SUITE C
FT MYERS FL 33919
US

Mailing Address

6315 PRESIDENTIAL COURT
SUITE C
FT MYERS FL 33919
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1988

5. FEI Number

65-0027391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STRAUSS, HARVEY	3009 SE 16TH PLACE	CAPE CORAL FL
ST	STRAUSS, CAROLINE A.	3009 SE 16TH PLACE	CAPE CORAL FL

200008545522
10/23/02--01047--010 **758.75

8. Name and Address of Current Registered Agent

STRAUSS, HARVEY
3009 SOUTHEAST 16TH PLACE
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Harvey Strauss

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/22/02

11. 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:

Harvey Strauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARVEY STRAUSS

Date

10/22/02 941-267-7777

Daytime Phone #

CR2E040 (8/02)