

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12/24/02 - 0139-
002-461.05
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N00000006581

1. Corporation Name

ALPHA TECHNOLOGY GROUP, INC.

2. Principal Office Address

25400 US 19 North

Suite, Apt. #, etc.

#160

City & State

Clearwater, FL

Zip

33763

Country

3. Mailing Office Address

25400 US 19 North

Suite, Apt. #, etc.

#160

City & State

Clearwater, FL

Zip

33763

Country

700021345607

07/07/03--01042--002 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3728495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 1

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gloria D. Campbell

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

25400 US 19 North

Suite, Apt. #, Etc.

#160

City

Clearwater

State

FL

Zip Code

33763

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

Gloria D. Campbell

REGISTERED AGENT MUST SIGN

Date

7/03/03

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
PO	Gloria D. Campbell	1077 Weatherfield Dr.	Dunedin, FL 34698
TD	William Campbell	1077 Weatherfield Dr.	Dunedin, FL 34698
TD	Dale Dixon	3507 Shore Lane	Charlotte, NC 28277

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:

Gloria D. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/03/03

Daytime Phone #

CR2E081 (10/02)