12/24/02 - 0139-MG THIS FORM. 002-461.85

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE SECRETARY OF STATE FLORIDA 1. Corporation Name ALPHA TECHNOLOGY Georg, Inc. 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business i	PLEASE READ /	ALL INSTRUCTIONS BEFORE C	•
2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida To Do Bu	REINSTATEMENT O-67	Secretary of State DIVISION OF CORPORATIONS	FILED 03-JUL -7 AM 8: 49 SECRETARY OF STATE
2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 5. Figh.Number 3. Applied For Not	DOCUMENT #NOOD O OOO 658/		FLORIDA
Suite, Apt. #, etc. # 160 4. Date Incorporated or Qualified To Do Business in Ficrida City & State Classwatus FL Country 2ip 33763 Country 33763 Country 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Numbor is Not Acceptable) Suite, Apt. #, Etc. # 160 City Classwatus B. 1, being appointed the registered agent of the above named cognoration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent P. Names and Street Addresses of Each officer and/or Director (Morida nonprofit corporations must list at least 3 directors) Titles P. Classa D. Campbell Officer and/or Director Officer and/or Director P. Classa D. Campbell Officer and/or Director Officer and/or Director Danublin, R. 344.98 T. D. William Campbell Officer and/or Director Officer and/or Director Danublin, R. 344.98	ALPHA TECHNOLOGY	Sear, INC	· .
## 160 ##	25400 US 19 North	25400 US 19 North	700021345607 07/07/0301042002 **245.00
Cleanwater, A. Country Zip Country 33763 Country 6. CERTIFICATE OF STATUS DESIRED ID 30.6 Additional for a Certificate of Status of Stat		والمناف المستنف والمستنف والم والمستنف والمستنف والمستنف والمستنف والمستنف والمستنف والمستنف	
33763 7. Name and Address of Current Registered Agent Name Clusia A. Camp Bell Street Address (P.O. Box Number is Not Acceptable) 25 1/00 U.S 19 North Suite, Apt. #. Etc. 4160 City Clusiater City Clusiater State Signature of Registered Agent REGISTERED RESPONDENCE (North Address of Each Officer and/or Directors) Titles Officers and/or Directors Titles Champbell 1071 Waltherheid Br. Dandin, R. 34698 TD William Campbell 1071 Waltherheid Br. Dandin, R. 34698	Cleanwater, FL	Clamater, R_	5 FELNumber Applied For Not Applied by Applied For
7. Name and Address of Current Registered Agent Name Glussia, D., CAMPBELL Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. Sulte, Apt. #, Etc. City Classifier City Classifier B. 1, being appointed the registered agent of the above named corporation, em familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent BEGISTERED AGENT MUST SIGN Date 7/03/k 3 P. Names and Street Addresses of Each Officer and/or Director (Morida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director	33743 Country		CERTIFICATE OF STATUS DESIRED 23./5 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State City City City City Signature of Registered Agent Page 1 REDISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each officer and/or Director (Profida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Director City / State / Zip Amage of City / State / Zip Alilliam Campbell / D71 Washberheld Br. Dandin, R. 344.98			
Suite, Apt. #, Etc. #/60 City Clearwater B. 1, 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 P. Names and Street Addresses of Each Officer and/or Director (Morida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Danedin, R. 34198 TD William Campbell 1011 Waltherfield Dr. Danedin, R. 34198	Glinia D. CAMPBELL		
City Clearwater 8. 1, 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 9. Names and Street Addresses of Each Officer and/or Director (Worlda nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director			
Clearwater 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 Pate 7/03/23 9. Names and Street Addresses of Each Officer and/or Director (Gorida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director PD Glasia D. Campbell Officer and/or Director Officer and/or Director Dunedin, R. 34698 TD William Campbell 1071 Weatherfield Dr. Dunedin, R. 34698			
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 Poate 7/03/23 P. Names and Street Addresses of Each Officer and/or Director (Morida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Director			
Titles Officers and/or Directors Officer and/or Director Officer and/or Director PD Gloria D. Campbell 1077 Weatherfield Dr. Dunedin, R. 34698 TD William Campbell 1077 Weatherfield Dr. Dunedin, R. 34698	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 Date 7/03/8 3		
PD Gloria D. Compbell 1077 Weatherfield Dr. Dunedin, R. 34698 TD William Campbell 1077 Weatherfield Dr. Dunedin, R. 34698			st 3 directors)
TD William Campbell 1077 Weatherfield Dr. Duneshir, R. 34698	Titles Officers and/or Directors	Street Address of Each Officer and/or Director	City/ State / Zip
	PO Gloria D. Comp	bell 1017 akutharfill	Dr. Dunedin, 12 34698
TO DOLE DIXION 3507 Share LANE Charlotte, NO 28277	TD William Campbe	ell 1077 Weatherheld	Br. Dunedin, R 34698
	TO DALE DIXION	3507 Share LANE	Charlotto, NO 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 517, F.S. I further certify that when filling 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 each. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIPLY OR DIRECTOR Date Date Daytime Phone #			