

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 17 2005

REINSTATEMENT 03-05

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Alpha & Omega Resource Center, Inc. 1. Corporation Name NO1000001473			
2. Principal Office Address 1222 W 13 th St. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 585786 Suite, Apt. #, etc.	
City & State SANFORD, FL Zip 32771 Country USA		City & State Orlando, FL Zip 32858-5786 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 2/28/01		5. FEI Number 59-3721273 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent	
Name Abigail Glasgow	
Street Address (P.O. Box Number is Not Acceptable) 703 ASHFORD OAKS DRIVE Suite, Apt. #, Etc. 203	
City Altamonte Springs	State FL Zip Code 32714

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 Abigail S. Glasgow Date 8/12/05

REGISTERED AGENT MUST SIGN

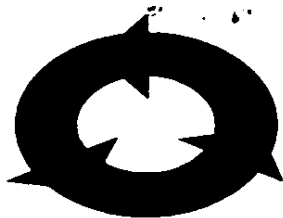
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Abigail Glasgow	703 Ashford Oaks Drive At 203, Altamonte Springs 32714	Altamonte Spgs/FL/32714
S	Patricia Alston	1041 S Kirtman Rd	Orlando/FL/32811
T	Louise Billingslea	4837 Indialantic Drive	Orlando/FL/32808
M	Jonathan McGriff	100 S Hughey Ave	Orlando/FL/32805

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: Abigail S. Glasgow Date 8/12/05 Daytime Phone # 407/405-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED81 (01/05)



ALPHA & OMEGA Resource Center, Inc.

Where your End becomes your Beginning

1222 W 13th Street, Sanford, FL 32771

(407) 330-1293, Fax (407) 328-4882

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8/12/05

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

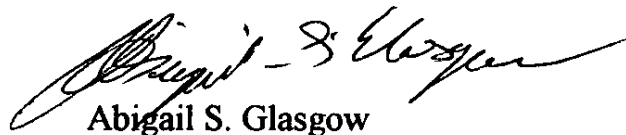
Alpha & Omega Resource Center, Inc., would like to request a waiver of all reinstatement fees, because our main office have moved from Apopka to Orlando, and we are now stationed in Sanford, we did not receive any annual report notification.

Our Apopka office closed and moved to Orlando in January of 2003, change of address was filed with the Post Office, but unfortunately we never received the annual report notification.

In 2004 our office was affected by hurricane Charlie, so we then had to move. While in Sanford we are still serving Central Florida urban communities.

Thank you for your time and the opportunity to continue to bless single women with/without children, with a second chance at having a successful life.

Respectfully Yours,



Abigail S. Glasgow