



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N37874 1. Entity Name ALPHA 66, INC.						05 OCT 19 11 3:11	
Principal Place of Business 2250 SW 8TH ST MIAMI, FL 33135				Mailing Address 2250 SW 8TH ST MIAMI, FL 33135 US			
2. Principal Place of Business		3. Mailing Address P.O. Box 420067 Suite, Apt. #, etc. MIAMI, FL					
Suite, Apt. #, etc.		City & State		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
33142		USA		10162006 REIN NP		CR2E099 (11/05)	
6. Name and Address of Current Registered Agent DIAZ-RODRIGUEZ, ERNESTO 2250 SW 8TH ST MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.							
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				10-15-2006 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SG DIAZ-RODRIGUEZ, ERNESTO 2250 SW 8TH ST MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081026581 10/19/06--01037--010 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABALLERO, EMILIO C. 11390 SW 57TH STREET MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRECHEA, PEDRO 2250 SW 8TH ST MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, ITZA 2250 SW 8TH ST MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAZARIO, OLGA 2443 NW 29TH STREET MIAMI, FL 33142			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address with all other like empowered.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-15-2006 <small>Date</small>		(305) 527 4295 <small>Daytime Phone #</small>	