

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000932

FILED
Dec 04, 2009
Secretary of State

Entity Name: ALPHA INSTITUTE, INCORPORATED

Current Principal Place of Business:

1932 DREW ST
SUITE 8
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

OMICRON BETA LAMBDA
P O BOX 10595
CLEARWATER, FL 337578595 US

New Mailing Address:

FEI Number: 59-3158403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PIERCE, JAMES V
2906 TORREY PINES COURT
CLEARWATER, FL 34621 US

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.

SIGNATURE: JAMES PIERCE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PIERCE, JAMES V
Address: 2906 TORREY PINES CT.
City-St-Zip: CLEARWATER, FL 33761

Title: DS () Delete
Name: BRYANT, WILLIE
Address: 11172 120TH TERR NORTH
City-St-Zip: LARGO, FL 33778

Title: DD () Delete
Name: WATERS, JAMES
Address: 2451 BOND AVENUE
City-St-Zip: CLEARWATER, FL 33759

Title: SD () Delete
Name: MCKAHAND, DONNIE
Address: 1465 FAIRMOUNT
City-St-Zip: CLEARWATER, FL 34619

Title: DT () Delete
Name: LIGHTFOOT, JERMAINE
Address: 2211 REPUBLIC DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PIERCE

DP

12/04/2009

Electronic Signature of Signing Officer or Director

Date