

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -7 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006745

1. Corporation Name

The Alpha Club Inc.

REINSTATEMENT 01-08^{K3}

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4418 B N. Hubert St.

3. Mailing Office Address

9408 N. Edison Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fla.

City & State

Tampa, Fla.

Zip

33614

Country

USA

Zip

33612

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 03- 1997

5. EFL Number

59-3500409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan Edwards

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

9408 N. Edison Ave.

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33612

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

Alan Edwards

REGISTERED AGENT MUST SIGN

Date Jan. 1, 2008

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
Pres	Alan Edwards	9408 N. Edison Ave.	Tampa, Fla. 33612
VP	Robert Ritz	9004 W. Norfolk St.	Tampa, Fla. 33615
Sec	Ken Lapoint	8703 Matwood Ct.	Tampa, Fla. 33635
Treas	Carolyn Edwards	9408 N. Edison Ave.	Tampa, Fla. 33612
VPFR	Agnes Fragoso	8243 Vassar Cir.	Tampa, Fla. 33634

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 contained in Chapter 119, 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:

Alan Edwards

Alan Edwards

Jan. 1, 2008

813-309-3468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #