

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Kath Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 22 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006264

1. Corporation Name

ALFOMEGA CORPORATION  
4815 N.W. 79TH AVENUE, #4  
MIAMI, FLORIDA 33166

2. Principal Office Address

4815 N.W. 79TH AVENUE

3. Mailing Office Address

4815 N.W. 79TH AVENUE

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/2000

5. FEI Number

65-0975087

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

ESTHER GOMEZ

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

3651 ENVIRON BLVD.

Suite, Apt. #, Etc.

#561

City

LAUDERHILL

State

FL

Zip Code

33319

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

*Esther Gomez*

Date

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	ESTHER GOMEZ	3651 ENVIRON BLVD., #561	LAUDERHILL, FL. 33319

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:

*Esther Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-02

Date

(305) 593 1110

Daytime Phone #

CR2E081 (9/01)