

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 13 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000006264

1. Corporation Name

Alkomega Corp.

REINSTATEMENT

05-08

2. Principal Office Address

1850 SW 8 ST, Ste 204H

Suite, Apt. #, etc.

Suite 204-H

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

1850 SW 8 ST, Ste 204H

Suite, Apt. #, etc.

Suite 204-H

City & State

Miami, Florida

Zip

33135

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/2000

5. FEI Number

20-8418588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DES RED ☐

7. Name and Address of Current Registered Agent

Name

Esther Gomez

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

3651 E. Aviron Blvd

Suite, Apt. #, Etc.

561

City

Lauderhill

State

FL

Zip Code

33319

400089571994

*02/27/07--01012--017 **450.00*

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 *2/10/2007*

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
<i>PVST</i>	<i>Octavio Correa</i>	<i>1850 SW 8 street, #204H</i>	<i>Miami, FL 333135</i>

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 607.0504 or 617.0404, F.S., that all taxes 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:

O. Correa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/07

Daytime Phone #

EX-103 FEB 13 2007

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



OCTAVIO CORREA
PRESIDENT