

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110177

1. Corporation Name

ALPHA WORKS AND GENERAL SERVICES INC.

Principal Place of Business

1121 N. PINE HILLS RD.
ORLANDO FL 32808

Mailing Address

1121 N. PINE HILLS RD.
ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

5. FEI Number

59-3688671

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOSANG, E. GEORGE	1121 N. PINE HILLS RD.	ORLANDO FL 32808
D	COOMBS, JEROME	1121 N. PINE HILLS RD.	ORLANDO FL 32808

700008750997
11/01/02--01026--018 **150.00

8. Name and Address of Current Registered Agent

COOMBS, JEROME
1121 N. PINE HILLS RD.
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/25/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02

Daytime Phone #

CR2E040 (8/02)

Alpha Works General Services Inc.
1121 N. Pine Hills Road
Orlando, FL 32808

October 25, 2002

Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: P00000110177

Sir:

We make reference to telephone conversation between our Jerry Coombs and your officer Sean. In that discussion we explained that we had just received on October 21, 2002, Notice of Administration Dissolution or Revocation. We further explained that up to the present time, we had received neither a report/uniform business report form as required by law, nor a reminder notice to file our annual report.

Based on that discussion with Sean, we now enclose our check for \$150.00 together with the form duly signed and dated.

Thanks for your cooperation and understanding.

Sincerely,


Eric George HoSang


J. C. Coombs

Enclosures