

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 27 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008942

1. Corporation Name

ALPHA TECH USA Corp.

000022587880
08/27/03--01005--005 **150.00

2. Principal Office Address

5918 RODMAN ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

Zip

33023

Country

U.S.A.

3. Mailing Office Address

5918 RODMAN ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

Zip

33023

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1069273

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

ISABEL ROJAS

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

15337 SW. 179 TRCE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

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

Isabel Rojas

Date *08-18/03*

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>PRESIDENT</i>	<i>ISABEL ROJAS</i>	<i>15337 SW. 179 TRCE</i>	<i>MIAMI FL. 33187</i>
<i>VICE PR.</i>	<i>ORLANDO VALENCIA</i>	<i>" " " "</i>	<i>" " "</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 607.0401 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:

Isabel Rojas

ISABEL ROJAS

08-18/03

786-3018744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)