

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000088006**

1. Corporation Name

Alpha Land Surveying

2. Principal Office Address

2909 Bronco Lane

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32822

Country

USA

3. Mailing Office Address

PO Box 971577

Suite, Apt. #, etc.

City & State

Miami

Zip

FL.

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1137955

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

Raul Lozano

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

2909 Bronco Lane

Suite, Apt. #, Etc.

200023559052
10/06/03-01005-013 **19.75

City

Orlando

State

FL

Zip Code

32822

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
D	LOZANO, Raul	2909 Bronco Lane	Orlando, FL 32822

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/03 305-255-2511

Date

Daytime Phone #

SOUTHWEST ACCOUNTING CENTER, INC.

P.O. BOX 971577
Miami, FL 33197-1577

Phone 305-255-2511

Fax: 305-255-7313

E-mail: swacctg@bellsouth.net

October 1, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATT: Reinstatement Department

RE: Alpha Land Surveying, Inc.
Document #: P01000088006

Gentlemen:

Enclosed please find a check for the fee dues for 2003. Please be advised that my client moved and never received the UBR for 2003. As you can see he renewed his corporation last year with no problem at all.

The old address was 13455 SW 3 ST Apt 208, Pembroke Pines, FL 33027 and the new address is 2909 Bronco Lane, Orlando, FL 32822.

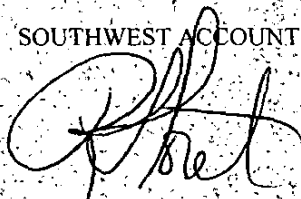
Mailing address: Alpha Land Surveying, Inc.
PO BOX 971577
Miami, FL 33197

A self-address stamped envelope is enclosed for your convenience.

We want to Thank You in advance for your prompt and courteous attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.



Regina Lloret

ALPHA LAND SURVEYING, INC.

Authorizing Regina Lloret to Act
in my behalf.



Raul Lozano

cc: Raul Lozano