2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000000962

Entity Name: ALPESH ENTERPRISES, INC.

FILED Oct 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

338 S SCENIC HWY 15 SOUTH ACUFF RD LAKE WALES, FL 33853 LAKE WALES, FL 33859

Current Mailing Address: New Mailing Address:

338 S SCENIC HWY 15 SOUTH ACUFF RD LAKE WALES, FL 33853 LAKE WALES, FL 33859

FEI Number: 01-0555152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAROPAWALA, JAYNIA

4240 MAHOGANY RUN SE.

WINTER HAVEN, FL 33884 US

TAROPAWALA, KARTIV

440 SAVANNA POINTE ST

WINTER HAVEN, FL 33884 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARTIV TAROPAWALA 10/08/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: TAROPAWALA, RAMESH Name: TAROPAWALA, RAMESH Address: 4240 MAHOGANY RUN S.E. Address: 223 TERRANONVA BLVD City-St-Zip: WINTER HAVEN, FL 33884

Title: Title: (X) Change () Addition () Delete Name: TAROPAWALA, MINAXIBEN Name: TAROPAWALA, MINAXIBEN 4240 MAHOGANY RUN S.E. 223 TERRANONVA BLVD Address: Address: WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 City-St-Zip: City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:TAROPAWALA, JAYNINName:TAROPAWALA, KARTIVAddress:4240 MAHOGANY RUN S.E.Address:440 SAVANNA POINTE STCity-St-Zip:WINTER HAVEN, FL 33884City-St-Zip:WINTER HAVEN, FL 33884

Title: D (X) Delete Title: () Change () Addition

 Name:
 TAROPAWALA, KARTIV
 Name:

 Address:
 4240 MAHOGANY RUN S.E.
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARTIV TAROPAWALA MR 10/08/2009