

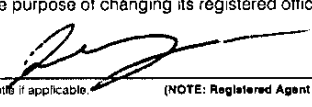



2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000024624 1. Entity Name ALPHA MACHINING INC.					
Principal Place of Business 3096 PEORIA ROAD ORANGE PARK, FL 32065 US				Mailing Address 3096 PEORIA ROAD ORANGE PARK, FL 32065 US	
2. Principal Place of Business 20 KNIGHT BOXX RD. Suite, Apt. #, etc. # 106 City & State ORANGE PARK, FL Zip 32065 Country US		3. Mailing Address 20 KNIGHT BOXX RD. Suite, Apt. #, etc. # 106 City & State ORANGE PARK, FL Zip 32065 Country US			
4. FEI Number 04-3745231				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, JEFFERY A 3096 PEORIA RD ORANGE PARK, FL 32065			7. Name and Address of New Registered Agent Name THOMPSON, JEFFERY A. Street Address (P.O. Box Number is Not Acceptable) 20 KNIGHT BOXX RD. # 106 City ORANGE PARK FL Zip Code 32065		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  9-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey Thompson 20 Knight Boxx Rd #106 Orange Park, FL 32065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500059750605 09/19/05--01061--011 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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JOEL C. CHAMBERLAIN, C.P.A., P.A.
TAX & ACCOUNTING SERVICES

4905 Belfort Road, Suite 110
Jacksonville, Florida 32256
Phone (904) 281-9970
Fax (904) 332-6430

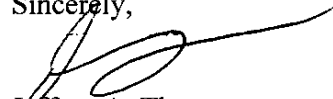
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

May 23, 2005

Dear Sir or Madam:

Enclosed is my completed re-instatement application for Alpha Machining, Inc. document number P03000024624. We request that you waive the additional fees for reinstatement because we did not receive our annual report form for the year 2003 or 2004. Enclosed is a check for \$300.00 which represents the Uniform Business Report fee for 2003 and 2004. Your assistance in this matter is greatly appreciated.

Sincerely,



Jeffery A. Thompson