

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000096037**

1. Corporation Name

Alpha Builders, INC.
31 Pershing PL
Orlando, FL 32805

2. Principal Office Address

31 Pershing PL

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 555923

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

U.S.

Zip

32855

Country

U.S.

REINSTATEMENT
CR2E081 (8/05)

05

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

8/27/2003

5. FEI Number

90-0128129

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

TRAVELIS RUSS

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

31 Pershing PL

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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 **DEC. 28, 05**

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
Pres.	TRAVELIS RUSS	31 Pershing PL	Orlando, FL 32805
Sec.	LOUISE B. RUSS	31 Pershing PL	Orlando, FL 32805
TREAS.	LARRY PITTMAN	2130 Jacob PL	Orlando, FL 32805

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 607.0431 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] **(TRAVELIS RUSS)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/05 407/418-1177

Daytime Phone #

2/2

From: Alpha Builders, Inc.

31 Pershing PL

Orlando, FL 32805

TO: Florida STATE DEPARTMENT -
Division of Corporations

I did not receive the notice for
my 2005 Annual Report.

Sn. Inul Russ

Travelis Russ, President