

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 29 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

DOCUMENT # **P03 000113021**

1. Corporation Name
Alpha Geotechnical and Testing Services, Inc

2. Principal Office Address
4770 Wadlane Cr.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/03

5. FEI Number

51-0494761

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

Stephen P Shanley

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

~~4770 Wadlane Circle~~ 1913 Willow Run Dr

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32303-12

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 **12/29/05**

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
President	Stephen P Shanley	1913 Willow Run Dr	Tallahassee, FL 32312
Vice Pres	Nancy F Shanley	1913 Willow Run Dr	Tallahassee, FL 32312
Treasurer	Laralee Shanley	1913 Willow Run Dr	Tallahassee, FL 32312
Secretary	Matthews Shanley	1913 Willow Run Dr	Tallahassee, FL 32312
700062583407 01/04/06--01/04--013 **150.00			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/05

Daytime Phone #

[Signature]

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- I did not receive the annual report information for 2005

A. Pham

12/29/05