

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 FEB 21 AM 10:59

DOCUMENT # P04000101853

1. Corporation Name

ALPHA GROUP MIAMI, INC.

200089572412
02/27/07--01012--026 **450.00

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address
2720 SW 76TH AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

3. Mailing Office Address
2720 SW 76TH AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/07/2004

5. FEI Number 20-1337526

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
JORGE M. ZUNIGA

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

2720 SW 76TH AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33155

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

Date FEBRUARY 20, 2007

REGISTERED AGENT MUST SIGN

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
PD	JORGE M. ZUNIGA	2720 SW 76TH AVE	MIAMI, FL 33155
VD	MARJORIE ROJAS	2720 SW 76TH AVE	MIAMI, FL 33155

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 contained in Chapter 119, 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:

FEBRUARY 20, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. I'M ALSO SENDING THE \$150.00 FOR 2007. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY YOURS,

A handwritten signature in black ink, appearing to read 'Jorge M. Zuniga', is written over a horizontal line.

JORGE M. ZUNIGA
PRESIDENT