

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000110774

1. Entity Name
THE ALAI GROUP, INC.



FILED

06 JAN 10 PM 3:32

Principal Place of Business
3909 RESERVE DR
1121
TALLAHASSEE, FL 32311 US

Mailing Address
3909 RESERVE DR
1121
TALLAHASSEE, FL 32311 US

2. Principal Place of Business

200 W. COLLEGE AVE
Suite, Apt. #, etc.
STE 201

3. Mailing Address

200 W. COLLEGE AVE
Suite, Apt. #, etc.
STE 201

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32301

Country

Zip
32301

Country

01102006 REIN-P CR2E098 (11/05)

4. FEI Number

20-1421506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPP, SEAN D
3909 RESERVE DR
1121
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name
SEAN D KOPP

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

1320 HENDRIX RD # 508

City
TALLAHASSEE

FL

Zip Code
32301

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/06

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KOPP, SEAN D
3909 RESERVE DR #1121
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NORTELUS, ELIAKIM
PO BOX 66038
TALLAHASSEE, FL 32313 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEAN KOPP
1320 HENDRIX RD # 508
TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800064409398
01/24/06--01051--003 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

Date

850-422-2524

Daytime Phone #