


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000111463 1. Entity Name ALPHA-OMEGA SOLUTIONS AND MARKETING, INC.			FILED 05 NOV 23 PM 3:42 SEC TALLAHASSEE, FL
Principal Place of Business PO BOX 341198 TAMPA, FL 33694		Mailing Address PO BOX 341198 TAMPA, FL 33694	
2. Principal Place of Business 36181 E Lake Rd. Suite, Apt. #, etc. Suite #172 City & State Palm Harbor, FL 34685 Zip 34685 Country		3. Mailing Address 36181 E Lake Rd. Suite, Apt. #, etc. Suite #172 City & State Palm Harbor, FL Zip 34685 Country	
4. FEI Number 55-0869331		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		REINSTATEMENT 2005	
6. Name and Address of Current Registered Agent MANASINGH, OM RAJ 36181 E LAKE RD SUITE 172 PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Om Raj Manasingh</i></u> DATE <u>4/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	P MANANSINGH, OM RAJ PO BOX 341198 TAMPA, FL 33694 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Om Raj Manasingh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>11/17/05</u> (77) 772-6611 <small>Daytime Phone #</small>	