


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000116219		
1. Entity Name ALPHA GROUP MANAGEMENT INC.		

Principal Place of Business 15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624	Mailing Address 15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624
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2. Principal Place of Business 106 S. GLENWOOD AVE Suite, Apt. #, etc. CLEARWATER, FLORIDA City & State	3. Mailing Address 106 S. GLENWOOD AVE Suite, Apt. #, etc. CLEARWATER, FLORIDA City & State
Zip 33755	Country USA

FILED
05 DEC -5 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11232005 REIN-P CR2E098 (6/04)

4. FEI Number 43-2058767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOPCZYNSKI, TOMASZ 15033 ARBOR RESERVE CIR #302 TAMPA, FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PRESIDENT TOMASZ KOPCZYNSKI 106 S. GLENWOOD AVE CLEARWATER, FLORIDA 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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200061731222
11/28/05--01059--010 **150.00

[Handwritten Signature]
12/7

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: *[Handwritten Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #