

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000082047

Entity Name: ALPHA ASSETS INC.

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

629 TREEHOUSE CIRCLE  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

629 TREEHOUSE CIRCLE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-3131384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOHN J. REED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWNE ( ) Change (X) Addition  
Name: REED, JOHN J OWNER  
Address: 629 TREEHOUSE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32095 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. REED

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

10/09/2006

\_\_\_\_\_  
Date