## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000077180

8620 NORTWEST 48TH STREET

FORT LAUDERDALE, FL 33351

Address: City-St-Zip: FILED Dec 04, 2008 Secretary of State

Entity Nai	me: THE ALS	TON GROUP INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8620 NORTWEST 48TH STREET FORT LAUDERDALE, FL 33351			1700	110 E BROWARD BLVD 1700 FORT LAUDERDALE, FL 33301	
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
	TWEST 48TH JDERDALE, F				
FEI Number:	: 26-0479009	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC MIAMI, FL	OR 33145 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: TIM HEE	LY			
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALSTON, COR 8620 NORTWE	) Delete EY ST 48TH STREET DALE, FL 33351	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALSTON, LOÙI 8620 NORTWE	) Delete S SST 48TH STREET DALE, FL 33351	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ( ALSTON, TORI	) Delete EY	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: COREY ALSTON PD 12/04/2008