2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# P08000013395

Entity Name: ALPHA-OMEGA INTERNATIONAL, INC.

Current Principal Place of Business:

317 N. RANDOLPH AVE., SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

317 N. RANDOLPH AVE., SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-4169251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVEIRA, PATRICIA
317 N. RANDOLPH AVE., SUITE A
KISSIMMEE, FL 34741 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: PATRICIA OLIVEIRA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DE ANDRADE, ARLETTE
Address: 317 N. RANDOLPH AVE., SUITE A
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: ANDRADE, ANTONIA
Address: PO BOX 421526
City-St-Zip: KISSIMMEE, FL 34742

Title: DS ( ) Delete
Name: OLIVEIRA, PATRICIA
Address: 317 N. RANDOLPH AVE., SUITE A
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIA OLIVEIRA DS 10/09/2009

Electronic Signature of Signing Officer or Director Date