PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 25 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051054

1. Corporation Name
ALPA MANUFACTURING CORP.

Principal Place of Business
8604 NW 70 St.
Miami, Florida 33166

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

500002016465--8
-11/27/96--01100--015
****775.00 ****775.00

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: JULY 21, 1993

5. FEI Number: X 58-1593742 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	Alberto Trujillo	Ave 3 Oeste #9-170 Edificio Arboleda 4º piso	Cali, Colombia
VP,T	Fernando Alarcon	Ave 3N # 71-51	Cali, Colombia
S	Mercedes Net	4293 Diplomat Dr.	Ft. Lauderdale, Fl 33331

REINSTATEMENT 1996 11-25-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Rose Robbins, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2608-3 North Ocean Blvd. #118
Suite, Apt. #, Etc.:
City: Pompano Beach State: FL Zip Code: 33062

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Rose Robbins Date: 11-10-96
REGISTERED AGENT MUST SIGN

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I am aware that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Mercedes Q. Net Secretary 11/10/96 305-591-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #