→ FOR PROFIT CORPORATION

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DOCUMENT # P93000055348 1. Entity Name						FILED			
ALPHA COMPUTERSCORP.						02 MAY 13 PM 2: 38			
DO NOT W			PAC	E			sios 702010	186 03002 ***750.00	
2. Principal Place of Business 6817 SW 81st STRE Suite, Apt. #, etc.	Mailing Address 6817 SW 81st STREET Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State MIAMI, FLORIDA			4. F	4. FEI Number Applied For			
MIAMI, FLORIDA Zip Country		Zìp	try		65-0427229 Certificate of Status Desired		Not Applicable .75 Additional		
33143 DADE		33143	υΑ	Name -		me and Address of Current		Required	
DO NOT WRITE				ALI SALEH Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					8065 S	SS SW 107th AVENUE			
•	1	1.		City	MIAMI,		FL	Zin Code 33173	
8. The above named entity submits this s	tatement for the	purpose of changing its	registere	ed office or	registered age	ent, or both, in the State of Flo			
SIGNATURE Signature, typed or printed name of re	gistered agent and tit	e if applicable. (NOTE		LI SA d Agent signatur	LEH e required when re	instating)	MAY 9	<u>; h 2002</u>	
9. This corporation is eligible to satisfy its Tax (ling requirement and elects to do (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Stat				10. Election Campaign Fin Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees		
D	CERS AND DIRE	CTORS	THTLE					=	
NAME Ali Saleh STREET ADDRESS 8065 SW 107t	Ali Saleh 8065 SW 107th Avenue							CR2E034B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i		*		CR2E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						DO NOT	WRIT	Ξ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1		IN THIS S	SPACE	Ξ.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 98	U2 (1BC 18		į,			يعم.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1							
13. I hereby certify that the information su indicated on this report or supplemen of the corporation or the receiver or to attachment with an address, with all o	tal report is true	and accurate and that med to execute this repo	w signat	ure shall ha uired by Cha	ve the same le	egal effect as if made under o rida Statutes; and that my nar	ath; that I am a	n officer or director	
SIGNATURE:SIGNATURE AN	D TYPED OR PRINTE	D NAME OF SIGNING OFFICER O	OR DIRECT	<u> </u>	ALI SA	LEH May 9, 2002		-661-3493 9 Phone #	

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ALPHA COMPUTER CORP. 6817 SW 81st STREET MIAMI, FL 33143

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: <u>Doc # P93000055348</u>

Dear Sir:

Enclosed please find a check for \$750.00 to cover annual report fees for CY 1998, 1999, 2000, 2001 & 2002. I never received the renewal forms, due to the fact that the address is different. It was pointed out to me by my bank that the corporation was closed when I went to open an account. I had no idea that it had been closed. I have been filing my Corporate Federal Tax Return on time each year.

I have also included a completed Uniform Business Report.

T. 3. ---

I am writing your office to ask if you could wave the reinstatement fee of \$550.00. I sincerely hope that you would take this into consideration.

Thank you.

Very truly you

Ali Saleh

President