

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060329

1. Corporation Name

ALPHA INDUSTRIES OF MIAMI, CORP.

Principal Place of Business

Mailing Address

15574 SW 112 WAY
MIAMI FL 33196
US

15574 SW 112 WAY
MIAMI FL 33196
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0433393

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4. City / State / Zip
PD	PINA, CARLOS O	14941 S.W. 82ND TERRACE BLDG 5 # 15574 SW 112 WAY	MIAMI FL 33196 Miami FL 33196
		000003118700-8	
		-02/01/00-01083-006	
		****900.00 ****900.00	

REINSTATEMENT

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINA, CARLOS O
~~14941 S.W. 82ND TERRACE~~
~~BLDG 5, SUITE 203~~
~~MIAMI FL 33193~~

Name PINA, CARLOS O.

Street Address (P.O. Box Number is Not Acceptable)

15574 SW 112 WAY

Suite, Apt. #, Etc.

City Miami FL.

State FL

Zip Code 33196

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

[Handwritten signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-24-2000

11. I certify 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 (305) 752-8881

Date

Daytime Phone #

CR2E040 (8/99)