

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL -3 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060329

1. Corporation Name

ALPHA INDUSTRIES OF MIAMI, CORP

200105407792
07/03/07--01051--004 **458.75

REINSTATEMENT

CRZE081 (1/07)

2. Principal Office Address - No P.O. Box #

14434 SW 95TH TER

3. Mailing Office Address

14434 SW 95TH TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

Zip

33186

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1993

5. FEI Number

65-0433393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CARLOS O PINA

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

14434 SW 95TH TER

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **06-19-2007**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	PINA, CARLOS O	14434 SW 95 TER	MIAMI, FL 33186

10. 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 contained in Chapter 119, 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:

Carlos Pina
CARLOS PINA
PRESIDENT

06-19-2007

Date

Daytime Phone #

7/16/07