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FILED
Sep 15, 2003 8:00 A.M.
Secretary of State

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Alp International, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 260 Crandon Blvd. Suite, Apt. #, etc. 22 Suite 32, PMB 78 City & State 23 Key Biscayne FL Zip 24 33149		2a. Mailing Address 26 260 Crandon Blvd. Suite, Apt. #, etc. 27 Suite 32, PMB 78 City & State 28 Key Biscayne FL Zip 29 33149	
3. Date Incorporated or Qualified 12/23/1993		3a. Date of Last Report -	
4. FBI Number applied for		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent The Law Office of Lawrence J. Spiegel Chartered 343 Almeria Ave. Coral Gables, FL 33031		10. Name and Address of New Registered Agent 81 Name Corporate Creations Network Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E 83 84 City Palm Beach Gardens FL 85 Zip Code 33410	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>[Signature]</u> by Dawn Stoutt, Assistant Secretary Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9/12/03			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alp Eke <input type="checkbox"/> DELETE 260 Crandon Blvd., Suite 32, PMB 78 Key Biscayne, FL 33149	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, or on attachment with an address. SIGNATURE <u>[Signature]</u> Alpe Eke, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 09/12/03			

REINSTATEMENT 00-03

TS ☐ Change ☐ Addition

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 09-15-03

NAME: ALP INTERNATIONAL, INC.

TYPE OF FILING: REINSTATEMENT

COST: \$2100.00

RETURN:

RECEIVED
03 SEP 15 PM 12:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Account: FCA000000001S

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge