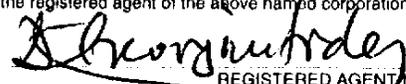
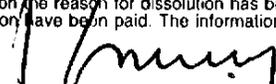


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR -7 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>APPLICATION FOR REINSTATEMENT</b>		<b>DOCUMENT #</b> P94000004500 1. Corporation Name <b>ALPHA INVESTMENTS INC.</b>	
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>KOURTESI 15</b> Suite, Apt. #, etc. <b>5TH FLOOR</b> City & State <b>HALANDRI - ATHENS</b> Zip <b>15234</b> Country <b>GREECE</b>		3. New Mailing Address, If Applicable <b>KOURTESI 15</b> Suite, Apt. #, etc. <b>HALANDRI - ATHENS</b> City & State <b>5TH FLOOR</b> Zip <b>15234</b> Country <b>GREECE</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>JAN 10 1994</b>	
		5. FEI Number <b>65-0469110</b>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	JOHN STAMATOPOULOS	KOURTESI 15 <del>ATHENS</del> GREECE	HALANDRI ATHENS 15234
			800002135919--6 -04/08/97--01031--003 ***\$15.00 ***\$15.00
8. Name and Address of Current Registered Agent <b>JOHN STAMATOPOULOS</b> <b>2135 NE 198 TER.</b> <b>N. MIAMI BCH FL 33179</b>		9. Name and Address of New Registered Agent Name <b>DAMOS GEORGANTIDES</b> Street Address (P.O. Box Number is Not Acceptable) <b>13055 IXORA COURT</b> Suite, Apt. #, Etc. <b>APT 705</b> City <b>N. MIAMI</b> State <b>FL</b> Zip Code <b>33181</b>	
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 		Date <b>FEB 19 1998</b>	
		REGISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I do 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 release 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 certify that I am an officer or director of 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 fees 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.			
SIGNATURE: 		Date <b>2-19-98</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E040 (12/95)