

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 FEB 25 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081692

1. Corporation Name

ALPHA 2 (MIA) INC.

2. Principal Office Address

3490 Piedmont Road

3. Mailing Office Address

3490 Piedmont Road

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30305

Country
USA

Zip
30305

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0543968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

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
C	BRUNI, BIAGIO	3490 Piedmont Road, Suite 1200	Atlanta GA 30305
PS	REBUFFI, MARCO	3490 Piedmont Road, Suite 1200	Atlanta GA 30305
T	HALLORAN, TAHIRA	3490 Piedmont Road, Suite 1200	Atlanta GA 30305

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 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: Tahira Halloran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

(404) 814-9555

Daytime Phone #

CR2E081 (9/01)

2012

ALPHA 2 (MIA) INC.

February, 02 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam or Sir,

Please find attached our Uniform Business Report for the years 2001 and 2002. Our company was unable to file the UBR report for the year 2001 due to the lack of receipt of the form. Please kindly update your mailing address for our company in order to include the suite number. We respectfully request a waiver of any penalties and or reinstatement fee due to this circumstance.

Please do not hesitate to contact us if you have any questions or need additional information.

Sincerely,


Tahira Halloran
Treasurer