

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0050000042220

1. Corporation Name

ALPHA FAMILY INTERESTS, INC.

Principal Place of Business

Mailing Address

20281 E. COUNTRY CLUB DR # 2003
NORTH MIAMI BEACH, FL 33180

(SAME)

REINSTATEMENT

96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

20281 E. Country CLUB DR

Suite, Apt. #, etc.

2003

City & State

NORTH MIAMI BEACH, FL

Zip

33180

Country

USA

3. New Mailing Address, If Applicable

20281 E. COUNTRY CLUB DR

Suite, Apt. #, etc.

2003

City & State

NORTH MIAMI BEACH, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/95

5. FEI Number

65-0669730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES. DIRECTOR	WAYNE EISENBAUM	20281 E. COUNTRY CLUB DR. # 2003	NORTH MIAMI BEACH, FL 33180
SECR. DIRECTOR	MARLA E. HELENE	425 EAST 58TH ST, APT 22 D	NEW YORK, NY 10022

600002010966--0
-11/21/96--01033--011
***383.75 ***383.75

JB11-19-96

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33424

9. Name and Address of New Registered Agent

Name

WAYNE EISENBAUM

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

20281 EAST COUNTRY CLUB DR

Suite, Apt. #, Etc.

2003

City

NORTH MIAMI BEACH

State

FL

Zip Code

33180

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

Wayne Eisenbaum
REGISTERED AGENT MUST SIGN

Date 11/15/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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 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., 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

WAYNE EISENBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #