


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Phc 10/12

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000080017*

1. Corporation Name

ALPHA PROPERTY MANAGEMENT, INC.

2. Principal Office Address

1835 VENETIAN POINT DR

3. Mailing Office Address

539 OLD BAILEY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

WAKE FOREST, NC

Zip

Country

33755 US

Zip

Country

27507 US

4. Date Incorporated or Qualified To Do Business in Florida

1995

5. FEI Number

65-0624409

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

NORMA A. RANVELS

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

1835 VENETIAN POINT DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

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

Norma A. Ranvels
REGISTERED AGENT MUST SIGN

Date 10/16/01

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
Pres	LYNN M. RANVELS	539 OLD BAILEY COURT WAKE FOREST NC 27507	WAKE FOREST NC. 27507
SECRETARY	MORRIS W. RANVELS, JR.	539 OLD BAILEY COURT WAKE FOREST NC 27507	WAKE FOREST NC 27507
TREASURER			

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:

Norm W Ranvels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

Date

919.570.7983

Daytime Phone #

CR2E081 (8/00)

Page 2 of 2

October 13, 2001

To Whom It May Concern;

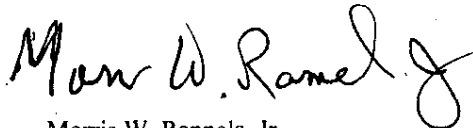
I mailed my 2001 Uniform Business Report back in March, and I never heard back from you, so I assumed you had received everything. I am finding that your division had never received it, and from looking through my bank statement, I see that the check was never cashed.

I am resending the \$150.00 fee with a corporate reinstatement form that I had gotten off the internet and requesting that the late fee be waived.

Please call me if you have any questions or need any other information regarding this matter at (727) 447-0238.

Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Morris W. Rannels, Jr." The signature is written in dark ink and is positioned above the printed name.

Morris W. Rannels, Jr.