

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 APR 30 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000080017

**1. Corporation Name**

ALPHA PROPERTY MANAGEMENT, INC.

**2. Principal Office Address**

1835 VENETIAN POINT DR.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33755

Country

FLORIDA

**3. Mailing Office Address**

7221 RUSTED OAK RD

Suite, Apt. #, etc.

City & State

WAKE FOREST NC

Zip

27507

Country

WAKE

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

10/15/95

**5. FEI Number**

68-0624489

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. RANNELS

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

1835 VENETIAN POINT DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

500034814185

04/30/04--01019--018 \*\*300.00

**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. Rannels*

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
P	RANNELS, LYNN M.	7221 RUSTED OAK RD	WAKE FOREST, N.C. 27507
S/T	RANNELS, MORRIS W., JR.	7221 RUSTED OAK RD	WAKE FOREST NC 27507

**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:

*Morris W. Rannels, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/22/04 919.570.7983

Daytime Phone #

CR2E081 (01/04)

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**ALPHA** PROPERTY  
MANAGEMENT, INC.  
P.O. Box 4433, Seminole, FL 33775-4433

727.434.0887  
ALPHAProperty@Juno.com

April 23, 2004

Dear Sirs and Madams;

I have recently become aware that our corporation has been dissolved for lack of payment for the 2003 year. I called your office and was instructed to fill out the Corporation Reinstatement form, send in this \$300.00 payment and a letter advising that we never received notification of payment due.

I am aware that this years' payment is due. Please inform me when the reinstatement is complete so that I can make the next payment.

Please call me if you have any questions at (919) 570-7983. Thank you for your time.

Sincerely,



Lynn Rannels  
President