

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137166965

10/22/08--01030--009 **750.00
CR2E081 (10/08)

DOCUMENT # P916000019344

1. Corporation Name

Alpha Data Services, Inc.

2. Principal Office Address - No P.O. Box #

6107 Memorial Hwy

Suite, Apt. #, etc.

City & State

Tampa

Zip

FL

Country

3. Mailing Office Address

P O Box 260427

Suite, Apt. #, etc.

City & State

Tampa FL 33685

Zip

33685

Country

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

5. FEI Number

382833977

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

Allen A

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

6107 Memorial Hwy

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-2008

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
<u>P</u>	<u>Allen, A</u>	<u>6107 Memorial Hwy</u>	<u>Tampa FL</u>
<u>V</u>	<u>Allen, T</u>	<u>6107 Memorial Hwy</u>	<u>Tampa FL</u>

REINSTATEMENT
04-08
98

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 15 2008

Date

Daytime Phone #