

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -2 PM 1:28

DOCUMENT # P96000072851

1. Corporation Name

ALPHA INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

9585 SOUTHERN BLVD
SUITE 8
ROYAL PALM BEACH FL 33411

9585 SOUTHERN BLVD
SUITE 8
ROYAL PALM BEACH FL 33411



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

908 South Chippewa Cir
Suite, Apt. #, etc.

908 South Chippewa Cir
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1996

5. FEI Number

65-0731819

Applied For

Not Applicable

City, State

Boynton Beach, FL

City, State

Boynton Beach

Zip

33436

Country

USA

Zip

33436

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MAHOVICH, MICHAEL III	2086 POLO GAMES DR #102	WELLINGTON FL 33414
VP	MAHOVICH, JOY	800 FOREST GLEN LANE	WELLINGTON FL 33414
P	Michael Mahovich III	908 S. Chippewa Cir	Boynton Beach, FL 33436
VP	Brian Nolan	107 Chinthany Court	Boynton Beach, FL 33436
			100003532341-8 -01/11/01-1028-1993 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

MAHOVICH, MICHAEL III
9585 SOUTHERN BLVD
SUITE 8
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

Michael Mahovich III

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

908 South Chippewa Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Michael Mahovich III
REGISTERED AGENT MUST SIGN

Date 12-01-2000

11. 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:

Michael Mahovich III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-01-2000 561-752-4466

Daytime Phone #

CR2ED40 (8/00)