

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -3 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000083533*

1. Corporation Name

Alpha Services of Volusia County, Inc

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

338 Parque Dr

Suite, Apt. #, etc.

Suite E

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

3. Mailing Office Address

338 Parque Dr

Suite, Apt. #, etc.

Suite E

City & State

Ormond Beach FL

Zip

32174

Country

Volusia

500207093125

05/03/11--01037--013 **908.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1996

5. FEI Number

593402423

☐ 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

Ted Lynch

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

338 Parque Dr

Suite, Apt. #, Etc.

Suite E

City

Ormond Beach

State

FL

Zip Code

32174

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

4/27/11

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
<i>Pres/VP</i>	<i>Ted Lynch</i>	<i>338 Parque Dr. Dr. E</i>	<i>Ormond Beach, FL 32174</i>
<i>S.T</i>	<i>Mardy-Lynch Michelle</i>	<i>338 Parque Dr. Dr E</i>	<i>Ormond Beach FL 32174</i>

REINSTATEMENT

BS/4/11
10-11

10. E-mail Address *Alpha Services @ GFL.R.R. . Com*

(To be used for future annual report notification)

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. I further certify, 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

4/27/11

Date

386-677-1601

Daytime Phone #