

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

02 JAN 22 PM 4:00

**DOCUMENT # P97000060133**

1. Corporation Name

**ALPHA BUSINESS SYSTEMS, INC.**

Principal Place of Business

Mailing Address

1112 WESTON ROAD  
SUITE 268  
WESTON FL 33326

1112 WESTON ROAD  
SUITE 268  
WESTON FL 33326



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

**REINSTATEMENT**

01-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

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

07/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0770945

Applied For

Not Applicable

City & State

City & State  
WESTON, FL

Zip

Country

Zip

Country

33332

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BORZYM, RICHARD	2660 EDGEWATER DRIVE	WESTON FL 33332
			4000004880234--8 -02/05/02--01044--003 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORZYM, RICHARD  
2660 EDGEWATER DRIVE  
WESTON FL 33332

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Richard Borzym*  
REGISTERED AGENT MUST SIGN

Date

Jan. 18, 2002

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)(l), 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.

AD

SIGNATURE:

*Richard Borzym*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 18, 2002 (954) 385-9668

CR2E040 (8/01)