

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 17 PM 2 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000063182**

1. Corporation Name

Alpha Omega Import & Export, Inc.

2. Principal Office Address

4591 N.W. 19th St. #203

3. Mailing Office Address

4591 N.W. 19th St. #203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33313

Country

Broward

Zip

33313

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1997

5. FEI Number

65-0762404

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

George Hertin

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

4591 N.W. 19th St

Suite, Apt. #, Etc.

#203

City

Lauderhill

State

FL

Zip Code

33313

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

Date

April 16/2001

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
D	George Hertin	4591 NW 19 th St. #203	Lauderhill, FL 33313
D	Maurice Rivetain	6615 Landing Dr.	Oakland Pk, FL 333
D	RENAUD METAYER	301 W Sunrise Blvd	FORT LAUDERDALE 33301

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:

George Hertin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16/2001
Date Daytime Phone #

(954) 528-0660