

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069751

1. Corporation Name

ALPHA SURETY - H. LOPEZ, G.A., INC.

Principal Place of Business

Mailing Address

320-A S.W. 12 AVENUE  
MIAMI FL 33130

320-A S.W. 12 AVENUE  
MIAMI FL 33130



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0861362

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	LOPEZ, HUMBERTO	320-A S.W. 12 AVENUE	MIAMI FL 33130

500002701725--S  
-12/03/98--01061--024  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, HUMBERTO  
320-A S.W. 12 AVENUE  
MIAMI FL 33130

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov. 16<sup>th</sup>, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 16<sup>th</sup>, 1998

Date

(305) 643-6567  
Daytime Phone #

CR2EM40 (9/98)

Wfz



**ALPHA**  
*Bail Bonds, Inc.*

16 NON 1998

TO: DIVISION OF CORPORATION STATE OF FLORIDA  
FROM: ALPHA SURETY- H. LOPEZ, G.A., INC.

REF: DOCUMENT # P97000069751

SUBT: Please be advise that we never recieve the first notice  
for the Annual Report. If I could be of further assitance  
please feel free to call me at 305-643-6567. Thank you  
for your cooperation.

SINCERLY

  
HUMBERTO LOPEZ