PLEASE READ ALL INSTRUCTIONS

APPLICATION FOR REINSTATEMENT

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

FILED
00 JUN 21 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069877

1. Corporation Name
ALPHA P.C. SERVICES, CORP.

Principal Place of Business	Mailing Address
501 N.W. 45TH AVE MIAMI-FL. 33126	501 N.W. 45TH AVE. MIAMI FL. 33126

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
12757 N.W. 98 PL.	12757 N.W. 98 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS FL.	City & State: HIALEAH GARDENS FL.
Zip: 33018 Country: USA	Zip: 33018 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-12-1997

5. FEI Number: 650775343 — Applied For / Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	ALARD, WILBER	12757 N.W. 98PL.	HIALEAH GARDENS, FL. 33018
DV	ALARD, LIBERTAD A.	12757 N.W. 98 PL.	HIALEAH GARDENS, FL. 3...

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REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent
ALARD, WILBER
501 N.W. 45TH AVE.
MIAMI FL. 33126

9. Name and Address of New Registered Agent
Name: WILBER ALARD
Street Address (P.O. Box Number is Not Acceptable): 12757 N.W. 98 PL.
Suite, Apt. #, Etc.
City: HIALEAH GARDENS State: FL Zip Code: 33018

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: Wilber Alard — REGISTERED AGENT MUST SIGN
Date: 6-20-00

11. This corporation owes 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.

6-20-00 — Date
305-889-6000 — Daytime Phone #

SIGNATURE: Wilber Alard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR