

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075116

1. Corporation Name

ALPHA AMUSEMENT & VENDING COMPANY

Principal Place of Business

Mailing Address

4000 SW 35TH TERRACE
SUITE C
GAINESVILLE FL 32608

4000 SW 35TH TERRACE
SUITE C
GAINESVILLE FL 32608

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1997

5. FEI Number

59-3465324

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)

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
D P ST	JOHNSON, RICK W	4000 SW 35TH TERRACE	GAINESVILLE FL 32608

800002707558--1
-12/09/98--01074--049
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, RICK W
4000 SW 35TH TERRACE
SUITE C
GAINESVILLE FL 32608

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Run No **TURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-23-98

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:

Run No **TURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98

Date

3523750088

Daytime Phone #

CR2040 (9/98)

11-23-98

Dear Sir:

Please find enclosed a check for \$150 for my annual corporate fee. I recently received a notice of administrative dissolution or relocation of my corporation. I was surprised at receiving this because I never received the original corporation annual report from the State. I am the only one who receives the mail in this office and I never received the report.

I called your office and spoke with a gentleman who stated I should send in the \$150 today along with this letter.

Sincerely

Rick Johnson

Alpha Amusement & Vending Co Inc