

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 AM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000403**

1. Corporation Name

ALPHA ACCOUNTING SERVICES, INC

2. Principal Office Address

1852 40TH TERRACE SW

Suite, Apt. #, etc.

#B

City & State

NAPLES FL

Zip

34116

Country

USA

3. Mailing Office Address

1852 40TH TERRACE SW

Suite, Apt. #, etc.

#B

City & State

NAPLES FL

Zip

34116

Country

USA

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

12/31/1997

5. FEI Number

65-0801941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status...

800021378518
07/08/03-01021--012 **400.00

REINSTATEMENT W-03

7. Name and Address of Current Registered Agent

Name

DIAN M EDWARDS

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

1852 40TH TERRACE SW

Suite, Apt. #, Etc.

#B

City

NAPLES

State

FL

Zip Code

34116

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

REGISTERED AGENT MUST SIGN

Date

6/23/2003

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
P	DIAN M EDWARDS	1852-B 40TH TERRACE SW	NAPLES, FL 34116
VP	JUNE M EDWARDS	1852-B 40TH TERRACE SW	NAPLE, FL 34116

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/03

Date

239-455-3047

Daytime Phone #

CR2E081 (10/02)

7/6/26