

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 Sept 26 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p98000029381

1. Corporation Name

ALPHA INVESTMENT CLUB, INC.

2. Principal Office Address - No P.O. Box #
9345 MADEWOOD CT

3. Mailing Office Address
9345 MADEWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ROYAL PALM BCH FL

City & State
ROYAL PALM BCH FL

Zip
33411

Country
USA

Zip
33411

Country
USA

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
AMERILAWYER

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
PD	MARIE YOLAINE GUILLAUME	9345 MADEWOOD CT	ROYAL PALM BCH FL 33411
VD	NEXON VILDOR	9345 MADEWOOD CT	ROYAL PALM BCH FL 33411
SD	MAX LAURENT MOISE	50 12TH AVE NW	DELRAY BCH FL33444
T	TOUSSAINT PIERRE-ANTOINE	50 12TH AVE NW	DELRAY BCH FL33444

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10/09/07--01024--017 **1050.00

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 contained in Chapter 119, 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

Date

Daytime Phone #

Marie Yolaïne Guillaume
MARIE YOLAINE GUILLAUME PD 9-21-07 561-7159267