

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000044194

1. Corporation Name
Alpha Equities, Inc.

2. Principal Office Address
2025 NE 198 Terrace
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33179 **Country**
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33179 **Country**
USA

FILED
Jan 18, 2002 8:00 A.M.
Secretary of State

09-18-00 90031 623 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida
5/14/99

5. FEI Number
2 **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
Craig A. Walizer
Street Address (P.O. Box Number is Not Acceptable)
2025 NE 198 Terrace
Suite, Apt. #, Etc.
City
Miami

State
FL **Zip**
33179

000004792900--5
-01/23/02--01106--012
*****300.00 ***300.00**

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 **Craig A. Walizer** **Date** **12/28/01**

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
D	Walizer, Craig A	2025 NE 198 Terrace	Miami, FL 33179

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

Date

Daytime Phone #

12/28/01

305-937-2000

CR2E081 (9/01)

Alpha Equities, Inc.
2025 NE 198 Terrace
Miami, Florida 33179
305-937-2000
866-258-6060 Toll Free Fax
CraigWaltzer@aol.com

December 27, 2001

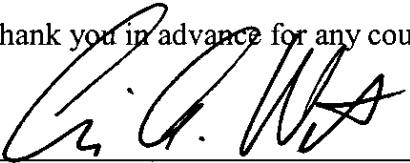
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Sirs:

In accordance with your instructions, I am submitting our Corporate Reinstatement. Alpha Equities moved in January, 2000 and notified the Division of Corporations of our address change at that time. However, we received no 2000 or 2001 Annual Report. We requested an Annual Report several times during the year, but received nothing.

Enclosed please find a check in the amount of \$300 representing 2000 and 2001 fees. Please forward us a form for reinstatement. We will appreciate any consideration to reinstating our corporation.

Thank you in advance for any courtesy extended.



Craig A. Waltzer, Registered Agent