

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000107949

1. Corporation Name

ALPHA INTERNATIONAL OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

11226 64 TERRACE NORTH  
SEMINOLE FL 33772

19 N NEPTUNE AVE  
CLEARWATER FL 33765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13880 Andova Dr.

3. New Mailing Office Address, If Applicable

2014 DREW ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

CLEARWATER FL

Zip

33774

Country

USA

Zip

33765

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1999

5. FEI Number

59-3612944

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WOLFGANG, BOLDT	<del>11226 64 TERRACE NORTH</del> 13880 Andova Dr.	<del>SEMINOLE FL 33772</del> Largo, FL 33774

8. Name and Address of Current Registered Agent

VINCENT, MICHAEL S  
19 N NEPTUNE AVE  
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name

MICHAEL S. VINCENT

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

2014 DREW ST

Suite, Apt. #, Etc.

SUITE #3

City

CLEARWATER

State

FL

Zip Code

33765

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

*Michael S. Vincent*

Date

12/5/01

REGISTERED AGENT MUST SIGN

11. 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:

*Shirley Boldt*  
BOLDT

Date

12/12/01

Daytime Phone #

CR2E040 (8/01)