## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V23130

PALMER, CRAÍG

1326 LEWIS TURNER BLVD

FT. WALTON BEACH, FL 32547

Name:

Address:

City-St-Zip:

ALPHA DATA CORPORATION

FILED Oct 14, 2009 Secretary of State

Entity Nan	ne: ALPHA	A DATA CO	DRPORATION						
Current Pr	incipal Pla	ice of Bus	iness:	New Prin	New Principal Place of Business:				
	S TURNER ON BCH, FL		US						
Current Ma	ailing Add	ress:		New Mail	New Mailing Address:				
	S TURNER ON BCH, FL		US						
FEI Number:	59-3229271	FEI Nu	ımber Applied For()	FEI Number Not Ap	plicable ( )	Certifica	ate of Status	Desired ( )	
Name and	Address o	f Current	Registered Agent:	Name an	Name and Address of New Registered Agent:				
	ERCELL S TURNER DN BCH, FL		US						
The above in the State		ty submits	this statement for the	e purpose of changing	its registered	d office or r	egistered a	gent, or both,	
SIGNATUR	RE: VANCE	E, VERCEI	_L						
	Elect	ronic Signa	ature of Registered A	gent			Date		
			.S., the corporation did und Contribution ( ).	not receive the prior not	ce.				
	AND DIR	_	( ).	ADDITIO	NS/CHANGE	S TO OFF	ICERS AN	D DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO VANCE, VEF 1326 LEWIS FT WALTON	S TURNER B		Title: Name: Address: City-St-Zip:		() Change	( ) Addition		
Title: Name: Address: City-St-Zip:		() Delete ETTA STURNER B I BCH, FL 32		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:		( ) Delete TIMOTHY S TURNER B I BEACH, FL		Title: Name: Address: City-St-Zip:	PAULCHEK, 1326 LEWIS	TURNER BI	_VD		
Title:	VP	(X) Delete		Title:		() Change	( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VANCE, VERCELL PCEO 10/14/2009