

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith,  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
1996 OCT 30 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/1992

5. FEI Number: APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED:  1

DOCUMENT # **V72804**  
1. Corporation Name  
**THE ALPHA SOCIETY, INCORPORATED**

Mailing Address: P.O. BOX 352955, PALM COAST FL 32135-2955  
Principal Place of Business: 5522 N OCEANSHORE BLVD, PALM COAST FL 32137, US

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

2. New Mailing Address, if Applicable: Suite, Apt. #, etc., City & State, Zip, Country

3. New Principal Office Address, if Applicable: Suite, Apt. #, etc., City & State, Zip, Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PS	IHLENFELDT, KENNETH L	5522 N OCEANSHORE BLVD	PALM COAST FL
VP	FIVEASH, Kiera L.	771 Viscaya Blvd.	St. Augustine, FL 32086

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
IHLENFELDT, KENNETH L. 5522 OCEANSHORE BLVD. PALM COAST FL 32137	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: *Kenneth L. Ihlenfeldt* Date: 8 October, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box:  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Kiera L. Fiveash* Kiera L. Fiveash 8 October, 1996 (904) 794-1857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR 3040 (3-94)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003  
 Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>The Alpha Society Inc.</b>		3 Executor, trustee, "care of" name
2 Trade name of business, if different from name in line 1 <b>same</b>		5a Business address, if different from address in lines 4a and 4b <b>5522 N. Oceanshore Blvd</b>
4a Mailing address (street address) (room, apt., or suite no.) <b>P.O. Box 352955</b>	5b City, state, and ZIP code <b>Palm Coast, Florida 32137</b>	
4b City, state, and ZIP code <b>Palm Coast, Florida 32135-2955</b>	6 County and state where principal business is located <b>Flagler, Florida</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions) ▶ <b>450-54-6238</b> <b>Kenneth L. Ihlenfeldt</b>		

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church controlled organization	<input type="checkbox"/> Other (specify) ▶ <b>philosophico-religious</b> (enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State <b>Florida</b>	Foreign country
-------------------------	-----------------

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <b>activity</b>	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (See instructions.) ▶ **philosophico-religious, information etc.**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
 If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
--	--	---	------------------------------

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶	Trade name ▶
--------------	--------------

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
--	----------------------------	--------------

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Kenneth L. Ihlenfeldt, President** (904) 446-0779

Signature ▶ *Kenneth L. Ihlenfeldt* Date ▶ **10/08/96**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------

**THE ALPHA SOCIETY INC.**  
**P.O. Box 352955**  
**Palm Coast, Florida 32135-2955**  
**(904) 446-0779**

**October 8, 1996**

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

**Dear Sir/Madam;**

**Please reinstate the " THE ALPHA SOCIETY INCORPORATED ", Document #**  
**V72804, and send a Certificate of Status.**

**enclosed please find;**

**application for reinstatement**

**copy of IRS form SS-4**

**check # 287, in the amount of \$783.75, for reinstatement fees and a Certificate of Status.**

**Thank you,**

  
**Kenneth L. Ihlenfeldt**  
**President**

**THE ALPHA SOCIETY INC.**  
**P.O. Box 352955**  
**Palm Coast, Florida 32135-2955**  
**(904) 446-0779**

October 29, 1996

**TO: Ms. Stacy Prather**  
**Florida Department of State**  
**Division of Corporations**  
**Reinstatement Section,**

Thank you very much for your kind attention to this matter.



**IN THE EVENT SOMEONE OTHER THAN MS. PRATHER RECEIVES THE ATTACHED, PLEASE:**

- 1) read the cover letter wherein it states the IRS form SS-4 is enclosed.**
- 2) See the attached copy of IRS form SS-4, which complies with the instructions in Block 5, and Instructions For Completing The Reinstatement Application, which appears on the back of the application.**
- 3) Review your cover letter of October 25, 1996, wherein it requires the aforementioned, which was originally sent to you and returned in error.**

Thank you very much

