PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M35217

1. Corporation Name
Alex Seat Covers, Inc.

04-06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
2197 NW 22 CT	2197 NW 22 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 7/15/1986

5. FEI Number 592699021 ☐ 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: Caridad Garcia
Street Address (P.O. Box Number is Not Acceptable): 17602 NW 87 Place
Suite, Apt. #. Etc.:
City: Hialeah | State: FL | Zip Code: 33018

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 11/8/06
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
DP	Alejandro Poviones	5031 W 10 Avenue	Hialeah/FL 33012
D	Miriam Poviones	5031 W 10 Avenue	Hialeah/FL 33012
	$ 11/15		
		000081754558 11/14/06--01049--011 **450.00	

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: _____ 11/8/06 (305)634-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALEX SEAT COVERS, INC.
2197 NW 22 COURT
MIAMI, FLORIDA 33142
TELEPHONE: (305) 634-8767

November 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallhassee, FL 32314

Attn: Reinstatements

Re: Alex Seat Covers, Inc.
Document No. M35217
FEI No. 59-2699021

To Whom it May Concern:

This letter shall serve to confirm that I didn't receive the 2004 Reinstatement Notices. Therefore, my accountant who handles all of my corporate matters, also failed to let me know about the reinstatement. I am not very familiar with corporate matters and that is the reason why I give all corporate issues to her to attend to. She informed me yesterday that the corporation was dissolved for failure to reinstate back in 2004. I was astonished and will like to resolve this matter as soon as possible.

Pursuant to my conversation with one of your examiners, I am hereby requesting that the reinstatement fee in the amount of $600.00 be waived.

I would also like to inform you that effective November 1, 2006, we have moved to a new facility located at the address mentioned above, which will be reflected in the reinstatement form attached hereto.

If you have any questions or need any additional information, please feel free to contact Caridad Garcia at (305) 481-1916, new appointed Registered Agent.

Your assistance in this matter is greatly appreciated.

Sincerely,

ALEX SEAT COVERS, INC.

Alejandro Poviones
President