

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P00000041424

1. Corporation Name

ALEXIS JEWELERS INC.

Principal Place of Business

Mailing Address

**490 MANDALAY
CLEARWATER FL 33767**

**490 MANDALAY
CLEARWATER FL 33767**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2000

5. FEI Number

59-3646897

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WASIF, EHAB	490 MANDALAY	CLEARWATER FL 33767
V	HARIDI, NABIL	490 MANDALAY	CLEARWATER FL 33767

100009873791
01/06/03--01070--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WASIF, EHAB
3313 HAVILAND, #104
PALM HARBOR FL 34684**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

WASIF
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **1-3-03**

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:

WASIF
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

Daytime Phone #

ALEXIS JEWELERS INC.
490 MANDALAY AVE, STE 11
CLEARWATER, FL 33767-2017
727-449-9910

January 2, 2003

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

Gentlemen:

We are submitting Application for Reinstatement with our check for \$ 150.00.

We have never received any prior uniform business report (UBR). We are located on the Clearwater Beach. Our street has been torn up with continuous construction since 2001.

Deliveries of merchandise and mail have been disrupted and fraught with delay and non delivery.

I am a small business person who is struggling to stay in business. I recently hired a CPA to untangle my financial affairs. He suggested that I write your office and relate the horrendous circumstances that we merchants are enduring during this never ending construction of our street and the infamous roundabout at the beginning of the street.

Merchandise and mail have been disrupted to the point that I am never sure of delivery. I personally take all my mail to the post office to ensure that it gets mailed...

I respectfully request that your office not impose any penalty. I have no knowledge of ever receiving the (UBR) forms.

Thank you for kind consideration of accepting my application for reinstatement.

Sincerely,



Ehab Wasif,
President