

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR -9 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000122095

1. Corporation Name

A.X.E.L SERVICES CORPORATION

W10-2554

700166588937  
03/09/10--01018--005 \*\*150.00

**REINSTATEMENT**

01/19/10--01036--001 \*\*300.00  
CR2E081 (12/08)

700166588937

2. Principal Office Address - No P.O. Box #

C/O 33 FLAGLER AVENUE

3. Mailing Office Address

C/O 33 FLAGLER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/03

5. FEI Number

20-0349630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

§ 615, Additional Fee is required  
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

DANIE LAQUERRE

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

3601 E. OCEAN BLVD.

Suite, Apt. #, Etc.

#003

City

STUART

State

FL

Zip Code

34996

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12.15.2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARTINE ROUSSEAU	100 OLD PALISADE RD, #3306	FORT LEE, NJ 07024
V	BERNARD SUAREZ	550 MIZNER RD, #B-209	BOCA RATON, FL 33432

**REINSTATEMENT**

**RH**

PLEASE ADD MY E-MAIL ADDRESS TO YOUR FILES SO I WILL RECEIVE THE

ANNUAL REMINDERS TO PAY THIS FEE. ROUSSEAU1954@YAHOO.COM

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.20.09 2012967160

Daytime Phone #