


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111724

1. Corporation Name
DEXTER ALVAREZ INCORPORATED

2. Principal Office Address
3315 WASHINGTON RD.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip Country

33405

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 10:49

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 12-30-1999

5. FEI Number 20-1775291

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
RON FLAVIN

Street Address (P.O. Box Number is Not Acceptable)
3315 WASHINGTON RD.

Suite, Apt. #, Etc.

City State Zip Code
WEST PALM BEACH FL 33405

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 RON FLAVIN Date 10-18-2004

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
P	LENA M. STAAKE	3315 WASHINGTON RD.	WEST PALM BEACH, FL 33405

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11/02/04--01004--001 **150.00

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 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: LENA M. STAAKE Date 10-18-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


LENA M. STAAKE
PRESIDENT