

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002084

1. Corporation Name

J. ALEXANDER SECURITIES, INC.

2. Principal Office Address

523 W. 6th STREET

Suite, Apt. #, etc.

SUITE 606

City & State

LOS ANGELES, CA

Zip

90014

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

9-6-78

5. FEI Number

95-3283033

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

RICHARD NEWBERG

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

2999 NE 191st STREET

Suite, Apt. #, Etc.

SUITE 408

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date **11-21-03**

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
PRES	JAMES ALEXANDER	523 W 6th STREET #606	LOS ANGELES, CA 90014
SEC	DARYL I. DRAWBAUGH	777 SILVER SPUR ROAD #125	ROLLING HILLS, CA 90274
D	MARSHA ALEXANDER	2488 WESTRIDGE ROAD	LOS ANGELES, CA 90049

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ALEXANDER

Date

11/20/03

Daytime Phone #

213-687-8400

CR2E081 (10/02)