

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY -6 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03 000038840**
1. Limited Liability Company's Name
ALEXANDER INVESTMENTS, L.L.C.

100155458161
05/05/09--01021--015 **685.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1559 HEIGHTS COURT Suite, Apt. #, etc.		3. Mailing Office Address 1559 HEIGHTS COURT Suite, Apt. #, etc.	
City & State MARCO ISLAND, FLORIDA		City & State MARCO ISLAND, FLORIDA	
Zip 34145	Country USA	Zip 34145	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 10/03/2003	
6. FEI Number 562413873	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name MICHAEL D. ALEXANDER			
Street Address (P.O. Box Number is Not Acceptable) 1559 HEIGHTS COURT			
Suite, Apt. #, Etc.			
City MARCO ISLAND	State FL	Zip Code 34145	

☐ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Michael D. Alexander
REGISTERED AGENT MUST SIGN

Date **April 27, 2009**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL D. ALEXANDER	1559 HEIGHTS COURT	MARCO ISLAND, FLA, 34145
MGRM	ELIZABETH A. ALEXANDER	1559 HEIGHTS COURT	MARCO ISLAND, FLA, 34145

REINSTATEMENT - 06 - 07 - 08 + 09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael D. Alexander

Date **April 27, 2009**

Daytime Phone # **248-302-4236**

Typed or printed name of signing Managing Member/Manager

MICHAEL D. ALEXANDER