

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 AUG 22 P 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/22/16--01044--021 **1240.00

CR2E041 (1/14)

DOCUMENT # L07000009382

1. Limited Liability Company's Name
ALEXANDER INVESTMENT GROUP

2. Principal Office Address - No P.O. Box #
2560 N.E. 21ST STREET

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

Zip Country
33062 US

3. Mailing Office Address
600 W 9TH STREET

Suite, Apt. #, etc.
1001

City & State
LOS ANGELES, CA

Zip Country
90015 US

4. State/Country of Formation
FLORIDA, UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida **1/24/2007**

6. FEI Number
37-1539780

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
JOHN WELLS KAPERAK

Street Address (P.O. Box Number is Not Acceptable) Suite,
2560 NE 21ST STREET

Apt. #, Etc.

City
POMPANO BEACH

State Zip Code
FL 33062

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **8/18/2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	JOHN WELLS KAPERAK	2560 NE 21ST STREET	POMPANO BEACH, FL 33062

11. E-mail Address: **KAPERAK@HOTMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

8/17/2016

Daytime Phone #

(858)752-2542