

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 13 AM 9:27

DOCUMENT # L98000001669

1. Limited Liability Company's Name

Alexander Investments, L.L.C.  
4872 S.W. Bimini Circle  
Palm City, FL 34990

9/29/00

2. Principal Office Address

4872 S.W. Bimini Circle

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

U.S.A.

3. Mailing Office Address

4872 S.W. Bimini Circle

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/31/1998

6. FEI Number

65-0935318

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

M & W Agents, Inc.

600004484226-2

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

Boca Corporate Center, 2101 Corporate Boulevard

07/18/01 01042 16

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

Suite 107

City

Boca Raton

State  
FL

Zip Code  
33431

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

Charles D. Rubin, VP

Date 6/13/01

Charles D. Rubin, VP REGISTERED AGENT MUST SIGN

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
Mgr	Jack Moree	4872 S.W. Bimini Circle	Palm City, FL 34990
			UBR-00 \$50.00
			UBR-01 \$50.00
			Rein- 100.00
			\$200.00
	<b>REINSTATEMENT</b>	2000-01	up

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

Jack Moree

Date 14/6/01

Daytime Phone (561) 286 8756

Typed or printed name of  
Managing Member/Manager

Jack Moree

CR2EDM1 (9/00)