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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 JUN 20 PM 2:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000269

Name and Mailing Address

0010465 01 FP 0.352 \*\*PRSR HT 0 0615 34689-294129



ALEXIS GROUP INT'L, L.L.C.  
1129 PENINSULA ROAD  
TARPON SPRINGS FL 34689-2941

000021030260  
06/20/03--01035--004 \*\*200.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1129 PENINSULA ROAD TARPON SPRINGS FL 34689		5. Date Organized or Qualified To Do Business in Florida 01/15/1999	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3549535 APPLIED FOR	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HAZATONE, GEORGE 1129 PENINSULA ROAD TARPON SPRINGS FL 34689		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: GEORGE HAZATONE Street Address: 1129 PENINSULA ROAD City: TARPON SPRINGS FL Zip Code: 34689	
10. 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: [Signature] Date: 6-16-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAZATONE, GEORGE	1129 PENINSULA ROAD	TARPONSPRINGS FL 34689
MGR	MEHAS, JOHN	1201 HILLSIDE DRIVE	TARPONSPRINGS FL 34689
MGR	HAZATONE HARKINS, BROOKE	1702 CASTLEWOOD LANE	PALM HARBOR FL 34683
MGR	HEWITT, ROXANNE	1130 TENNISWALD	TARPONSPRINGS FL 34689
	NA	NA	NA
REINSTATEMENT 2002, 03			

12. 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

Date 6-16-03 Daytime Phone 888-858-7469

Typed or printed name of signing Managing Member/Manager

CR2E094 (8/02)