

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 30 AM 11:53

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P000000019847
ALEX FINEST, INC.

100006880501--8
-08/05/02--01002--005
****308.75 ****308.75

2. Principal Office Address

5180 N.W. 7TH STREET
Suite, Apt. #, etc. # 303
City & State MIAMI, FLORIDA
Zip 33126 Country U.S.A.

3. Mailing Office Address

5180 N.W. 7TH STREET
Suite, Apt. #, etc. # 303
City & State MIAMI, FLORIDA
Zip 33126 Country U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-21-2000

5. FEI Number

65-0988149

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 ALEJANDRO CASTELNAU
Street Address (P.O. Box Number is Not Acceptable)
5180 N.W. 7TH STREET
Suite, Apt. #, Etc. # 303
City MIAMI
State FL Zip Code 33126

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 Alejandro Castelnau
REGISTERED AGENT MUST SIGN

Date 07-27-02

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 |
|--------|-----------------------------------|--|-----------------------|
| P | ALEJANDRO CASTELNAU | 5180 N.W. 7 St. Miami Fl. | MIAMI, FLORIDA, 33126 |
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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:

Alejandro Castelnau ALEJANDRO CASTELNAU 07/27/02 (305) 216-9719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)