

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116247

1. Corporation Name

ALEXIS CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

~~4715 W CHEROKEE RD~~
~~TAMPA FL 33629~~

~~4715 W CHEROKEE RD~~
~~TAMPA FL 33629~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3508 W Santiago Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip 33629

Country US

3. New Mailing Office Address, If Applicable

3508 W Santiago Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

5. FEI Number

59-3687358

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ROSE, PHILLIP C	4715 W CHEROKEE RD	TAMPA FL 33629
DVS	ROSE, PHILLIP C	4715 W CHEROKEE RD	TAMPA FL 33629

10/27/03

400024100964
10/27/03--01006--018 **150.00

8. Name and Address of Current Registered Agent

REA, PHYLLIS W

4715 W CHEROKEE RD

TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

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

3508 W. Santiago Street

Suite, Apt. #, Etc.

City TAMPA

State FL

Zip Code

33629

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

PHYLLIS W. ROSE
REGISTERED AGENT MUST SIGN

Date 10/22/03

11. 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:

PHYLLIS W. ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

813-831-7370

Daytime Phone #

CR2E040 (7/03)



An EMS Company

Florida Department of State
Glenda E. Hood
Secretary of State

October 20, 2003

Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Let this letter serve as notification to the Secretary of State, Glenda E. Hood, that Alexis Capital Group, Inc. did not receive the prior uniform business report (UBR) notices. We have included the completed Application for Reinstatement and the filing fee of \$150.00 for a for-profit corporation. If you have any questions, please call me directly. I can be reached at 813-831-7370 extension #3.

Sincerely,

A handwritten signature in black ink, appearing to read "Phillip C. Rose".

Phillip C. Rose
President
Alexis Capital Group, Inc.