

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 14 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011318

1. Corporation Name

ALEE DESIGN, INC.

2. Principal Office Address

355 Alhambra Circle

3. Mailing Office Address

355 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/01

5. FEI Number

65-1081578

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

Aaron Lee

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

905 Nandina Drive

Suite, Apt. #, Etc.

City

Weston, FL

State

FL

Zip Code

33327

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

Aaron Lee

Date 7/7/03

REGISTERED AGENT MUST SIGN

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
PTSD	Aaron Lee	905 Nandina Drive	Weston, FL 33327

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:

Aaron Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

305-445-5850

Daytime Phone #

CR2E081 (10/02)

Attachment

ALEE DESIGN, INC.
355 Alhambra Circle
Suite 800
Coral Gables, FL 33134
(305) 445-5850

PO/0000011318

June 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 UBR Report

Dear Sir/Madam:

Enclosed please find my check in the amount of \$ 300.00, representing annual report fees for 2002 and 2003.

This entity was incorporated in 2001, and I did not receive my annual UBR form for the year 2002.

Please review and advise.

Thank you,



Aaron Lee
ALEE Design, Inc.