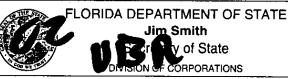
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



P01000014412 **DOCUMENT #** 

1. Corporation Name

ALEXCOX, INC.

Principal Place of Business

Mailing Address

2051 SW 61ST AVE. MIAMI FL 33155

2051 SW 61ST AVE. MIAM! FL 33155

FILED

02 OCT 29 AM 10: 35

SECRETARY OF STATE TALLAHASSEE. FLORIDA



If above a	addresses are incorrect in any way, line	through incorrect i	nformation a	and enter correction below					
2. New Pri	ncipal Office Address, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     02/07/2001			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			,	02/07/20	-	
City & State	9	Clty & State	<del></del>		65-1077565 Not Applicabl			Applied For Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additi for a Certi	onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprof	fit corporations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Directo		City	y / State / Zip		
PD	MONTES, INOCENTE A		2051 SW 61ST AVE.			MIAMI FL 33155			
					50 10/29/	0008673 02-01132-01	3955 1 **150	1.00	
	8. Name and Address of Curren	t Registered Age	ent		9. Name and A	ddress of New Registe	red Agent		
MONTES, INOCENTE A 2051 SW 61ST AVE. MIAMI FL 33155					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
10. I, being	appointed the registered agent of the al	pove named corpo	pration, am fa	l amiliar with and accept the o	bligations of Section				
Signature of SIGNATURE REQUIRED  REGISTERED AGENT MUST SIGN  Date									

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** 

Miami, October 22, 2002

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

RE: P01000014412

Dear Sirs:

Hereto please find Application for Reinstatement for ALEXCOX, INC.; also please find check for \$150.00 for payment of Annual Report for the year 2002.

I did not receive the original Annual Report form neither a reminder of it maybe due to lost in the mail occasionally happening in my mailing address.

I would like to ask you to please accept my check as it is in good faith and waive the penalty for reinstatement due to the above explanation, this have been my first year in business and until now I am understanding the rules, laws and regulations pertinent to this.

Awaiting your prompt and fair response.

Sincerely,

Tnocente A. Montes

-President-