

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000014412**

1. Corporation Name

ALEXCOX, INC.

Principal Place of Business

2051 SW 61ST AVE.
MIAMI FL 33155

Mailing Address

2051 SW 61ST AVE.
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2001

5. FEI Number

65-1077565

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MONTES, INOCENTE A	2051 SW 61ST AVE.	MIAMI FL 33155

500008673955
10/29/02--01132--011 **150.00

8. Name and Address of Current Registered Agent

MONTES, INOCENTE A
2051 SW 61ST AVE.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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

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: **SIGNATURE REQUIRED**
INOCENTE A. MONTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 (305)463-9500
Date Daytime Phone #

CR2E040 (8/02)

Alexcox, Inc.
2051 SW 61st Avenue
Miami, FL 33155

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,


Inocente A. Montes
-President-