

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

DOCUMENT # P01000028137

1. Corporation Name

ALEXIS BUSINESS ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

1400 NE MIAMI GARDENS DR.

3. Mailing Office Address

1400 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

NORTH MIAMI BEACH/FL

City & State

NORTH MIAMI BEACH/FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

65-1094188

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

ALEXIS LOBELLE ARRUE

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

1400 NE MIAMI GARDENS DR

Suite, Apt. #, Etc.

105

City

NORTH MIAMI BEACH

State

FL

Zip Code

33179

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 06/01/2007

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
P,S,D.	ALEXIS LOBELLE ARRUE	1400 NE MIAMI GARDENS DR. # 105	NORTH MIAMI BEACH/FL/33179

200103892502
06/05/07--01009--008 **1200.00

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 contained in Chapter 119, 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:

ALEXIS LOBELLE ARRUE

06/01/07

305-300-3638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

617
aw