

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 29 PM 2:17

DOCUMENT # P01000078375

1. Corporation Name

Alexis Marketing Co., Inc.

P01000078375

**REINSTATEMENT** 03-04

2. Principal Office Address

6565 Beach Blvd.

3. Mailing Office Address

6565 Beach Blvd.

Suite, Apt. #, etc.

Ste 14

Suite, Apt. #, etc.

Ste 14

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/9/2001

5. FEI Number

☒ 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

Wilford McCormick

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

6565 Beach Blvd.

Suite, Apt. #, Etc.

Ste 14

City

Jacksonville

State  
FL

Zip Code

32216

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

Wilford McCormick

REGISTERED AGENT MUST SIGN

Date 7-22-04

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	Wilford McCormick	6807 Tamra Lane	JAX, FL 32216
VP	Derrick McCormick	17547 Crews Rd	Glen St. Mary, FL 32040
S	Sandra McCormick	6807 Tamra Lane	JAX, FL 32216

600039907226  
08/05/04--01045--004 \*\*900.00

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 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:

Wilford McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04

Date

904/626-0820

Daytime Phone #

CR2081 (01/04)