

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 14 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120328

1. Corporation Name

**Alix Desulme & Associates
INCORPORATED**

2. Principal Office Address - No P.O. Box #
830 NW 133rd Street

Suite, Apt. #, etc.

City & State
North Miami

Zip
33168

Country
US

3. Mailing Office Address
830 NW 133rd Street

Suite, Apt. #, etc.

City & State
North Miami

Zip
33168

Country
US

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida 2001

5. FEI Number 65-1159069

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alix Desulme

Street Address (P.O. Box Number is Not Acceptable)
830 NW 133rd Street

Suite, Apt. #, Etc.

City
North Miami

State
FL

Zip Code
33168

☒ 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

Alix Desulme
REGISTERED AGENT MUST SIGN

Date 8/7/07

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
Pres	Alix Desulme	830 NW 133rd Street	Miami, FL 33168
Treas	Estomene Dorcelly	110 NE 152nd Street	Miami, FL 33162
VP	Paul Wilson	13131 NW 26 St Miami, FL 33167	800108046668 08/14/07--01040--003 **450.00

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:

Alix Desulme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/07

Date

305-926-7335

Daytime Phone #