

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000053112

1. Corporation Name

ALEX PROPERTIES INC

Principal Place of Business

Mailing Address

5238 NE 6 ASVE  
26B  
OAKLAND PARK BLVD FL 33334

5238 NE 6 ASVE  
26B  
OAKLAND PARK BLVD FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2002

5. FEI Number

043-367 8416

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | HIJOS, MARIA                              | 5238 NE 6 AVE # 26B                                    | OAKLANDPARK FL 33334    |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

400024633274

11/13/03--01025--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIJOS, MARIA  
5238 NE 6 AVE  
26B  
OAKLANDPARK FL 33334

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 *[Handwritten Signature]*

Date

11/8/03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/03 754-983-1013

CR2E040 (7/03)

11/9/03

TO DIVISION OF CORPORATIONS  
REINSTATEMENT DEPT

TO WHOM IT MAY CONCERN

I OPEN THIS BUSINESS IN 05/14/2002.  
I DIDN'T NEVER RECEIVED A FORMAL ~~to~~ FORM  
FROM YOUR OFFICE FOR RENEWAL. I ATTACH \$150  
FOR RENEWAL FEE (THIS IS AS PER MY TELEPHONE  
CONVERSATION)

Sincerely

Mania Hys.

President —