2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 04 OCT 15 AFI 9: 34 **DOCUMENT # P03000070756** 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ALX SOLUTIONS, INC. Principal Place of Business Mailing Address 127 Ashley CT Jupiter, FL 33458 .127 Ashley CT 13358 PALGUMA DR. ORLANDO, FL 8283 Jupiter, FL33458 13358 PALOMA DR. ORLANDO, FL 32837 2. Principal Place of Business 3. Mailing Address ւ Suite, Apt. #, etc. Suite, Apt. #, etc. 10082004 CR2E098 (6/04) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHOU, LIANG Street Address (P.O. Box Number is Not Acceptable) 13358 PALOMA DR. ORLANDO, FL 32837 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITLE Change Addition NAME ZHOU, LIANG NAME 13358 PALOMA DR. STREET ADDRESS STREET ADDRESS 400041904644 10/15/04--01072--019 ||***| ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP D TIBLE CHEN, SWAN NAME NAME 127 AshleyCT 2711 VANDIVER DR., APT. 208 STREET ADDRESS STREET ADDRESS 50TY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33409 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

Davtime Phone #

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Gloria Guo, CPA 6729 Finamore Circle Lake Worth, FL 33467 Phone (561) 386-8212

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

October 8, 2004

RE: ALX Solutions, Inc.

Document Number: P03000070756

Dear Sir or Madam:

Because of address changed for the above company, we haven't received any notice for the Uniform Business Report. That's the reason why we haven't filed the Uniform Business Report on time. Please abate the late filing penalty for the above company. Thanks for your consideration.

Thank you,

Gloria Guo CPA