

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 19 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106967

1. Corporation Name

Alexandra International Group, Inc.

2. Principal Office Address

P.O. Box ~~402758~~ 402785

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

USA

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2003

5. FEI Number

76-0742594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee applies
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John T. Cullen, CPA

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

7411 Miami Lakes Drive

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date

5-17-2005

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	Leigh Alvarez	P.O. Box 402758 402785	Miami Beach, FL 33140

900054860079
05/19/05--01056--016 **300.00

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 807 or 817, 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 807.0401 or 817.0401, 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 #

5-17-2005

5/25/05

2007/17/2005 17:40 383 625 4888 JOHN COLLEN PAGE 82 72

Alexandra International Group, Inc.
P.O. Box 403758
Miami Beach, FL 33140
Doc # P03000106967

May 17, 2005

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

It has come to my attention that my corporation was administratively dissolved in October 2004.
I never received the annual report for keeping my corporation active and registered with the state.

Enclosed is a corporation reinstatement form and a check for \$300.00 for years 2004 and 2005.
Please accept this payment and forgive the reinstatement fee as my small business can not pay this extra fee. It would create a financial hardship in my ability to pay my other bills and continue my business.

Thank you for you assistance.

Sincerely,

Leigh Alvarez

