


## 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000154747</b> 1. Entity Name UNITED ALEXANDRIA, INC.			FILED 05 JAN -4 PM 4:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2549 DR MARTIN LUTHER KING BLVD FORT MYERS, FL 33901		Mailing Address 2549 DR MARTIN LUTHER KING BLVD FORT MYERS, FL 33901	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O FRAN EESE + BALIAN Suite, Apt. #, etc. 136 BROADWAY		
City & State Woodcliff Lake, NJ	City & State Woodcliff Lake, NJ	4. FEI Number 20-0514498	Applied For <input type="checkbox"/> Not Applicable
Zip 07677	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent ABDELMARK, ALBER 1091 PANACEA BLVD #301 NORTH PORT, FL 34289		7. Name and Address of New Registered Agent Name <b>ALBER ABDELMALAK</b> Street Address (P.O. Box Number is Not Acceptable) 1091 PANACEA BLVD. #301 City <b>NORTH PORT</b> <b>FL</b> Zip Code <b>34289</b>	
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.			
X SIGNATURE <u>Alber Abdelmalak</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>ABDELMALAK, ALBER</b> STREET ADDRESS <b>1091 PANACEA BLVD #301</b> CITY-ST-ZIP <b>NORTH PORT, FL 34289</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	500043898265 01/04/05--01011--004 **150.00	
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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.			
X SIGNATURE: <u>Alber Abdelmalak</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>12/27/04</b>	Daytime Phone # <b>941-815-7500</b>