

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000156109

1. Corporation Name

Alexander Technical Solutions, Inc

2. Principal Office Address - No P.O. Box #

331 W. 30th Street

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

3. Mailing Office Address

343 Timeless Walk

Suite, Apt. #, etc.

City & State

Stockbridge, GA

Zip

30281

Country

US

REINSTATEMENT 04-08
CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business In Florida**

22 Dec 2003

5. FEI Number

800093570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenry Alexander

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

331 W. 30th Street

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

20 May 2008

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	Kenry Alexander	331 W. 30th Street	Riviera Beach, FL 33404

500132226205
07/03/08--01030--001 **758.75

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:

[Signature]
Kenry S. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/2008

Date

770-896-8018

Daytime Phone #