

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 20 PM 2:39

REINSTATEMENT

05-07

CR2E081 (1/07)

DOCUMENT # **PO4000005635**

1. Corporation Name
ALEXANDER BUILDING SERVICES INC

2. Principal Office Address - No P.O. Box #
13520 MISARDEN LN

3. Mailing Office Address
13520 MISARDEN LN

Suite, Apt. #, etc.

City & State
WINDERMERE, FL

City & State
WINDERMERE FL

Zip Country
34786 USA

Zip Country
34786 USA

4. Date incorporated or Qualified To Do Business in Florida
3/23/01

5. FEI Number
134272830

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
HORACE ALEXANDER

Street Address (P.O. Box Number is Not Acceptable)
13520 MISARDEN LN

Suite, Apt. #, Etc.

City
WINDERMERE

State
FL

Zip Code
34786

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 **Horace Alexander** Date **6/30/07**

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	HORACE ALEXANDER	13520 MISARDEN LN	WINDERMERE FL 34786
T	" SAME AS ABOVE "	" " "	" " "
S	" SAME AS ABOVE "	" " "	" " "

000108338040
08/20/07--01082--004 **450.00

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 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: **Horace Alexander** Date **6/30/07** 321-948-4426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

To : Division of Corporations

This letter is to inform the division of corporations that ALEXANDER Building Services Inc has not received annual reports from the division of corps since moving from 615 Ferguson Dr Orlando Fla 32801

We have since moved to 5106 Ernst Ct where 2 hurricanes in that yr damage to roof causing water damage causing us to move to our present location 13520 Misarden Ln, Windermere Fla, 34786 where we have been for 2 yrs + please send any new correspondence to the above new address.

Thank you
President - ALEXANDER BLDG SVCS INC