

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR -4 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400144943774
03/04/09--01010--015 **300.00



03032009 REIN-P CR2E098 (1/07)

4. FEI Number 20-0772586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P04000023830	
1. Entity Name ALEXANDRA VIDAL, CORP.	
Principal Place of Business 1350 SW 57TH AVE. SUITE 209 MIAMI, FL 33144	Mailing Address 1350 SW 57TH AVE. SUITE 209 MIAMI, FL 33144
2. Principal Place of Business - No P.O. Box # 701 SW 27th Avenue Suite, Apt. #, etc. STE 606 City & State Miami FL Zip 33135	3. Mailing Address 120 East 89th Street Suite, Apt. #, etc. APT R22E City & State New York / New York Zip 10128 Country NY

6. Name and Address of Current Registered Agent VIDAL, JORGE L 1933 SW 27TH AVE STE 201 MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 03/03/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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 NAME STREET ADDRESS CITY - ST - ZIP	D VIDAL, ALEXANDRA 120 E 87th St APT R22E NEW YORK, NY 10128-1412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 03/03/09
Signature and typed or printed name of signing officer or director Date Daytime Phone #