

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 DEC 21 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000075231**

1. Corporation Name

**CHARLES R. ALEXANDER, P.A.**

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

**939 N. University Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

**939 N. University Dr**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

City & State

**Coral Springs, FL**

Zip

**33071**

Country

**Broward Co.**

Zip

**33071**

Country

**Broward Co.**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FBI Number

**01-0813480**

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

**Charles Alexander**

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

**939 N. University Dr**

Suite, Apt. #, Etc.

City

**Coral Springs, FL**

State

**FL**

Zip Code

**33071**

☒ 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

*Charles Alexander*

REGISTERED AGENT MUST SIGN

Date **12/17/09**

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
PD	Alexander, Charles	939 N. University Dr	Coral Springs, FL 33071

10. E-mail Address: **RemaxFlorida@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Charles Alexander*

**Charles R. Alexander**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/17/2009**

Daytime Phone #

**954-345-5900**

12/22/09