

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 28 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000134267

1. Corporation Name **Alex Group, Inc.**
325 Sunshine Drive, Coconut Creek, FL 33066

REINST W/O PENALTY
DOB 9/27

CR2E081 (12/05)

2. Principal Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
201929988

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

Marc A. Jimenez

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

5247 Coconut Creek Pkwy

500080258555

Suite, Apt. #, Etc.

09/28/06--01001--020 **335.00

City

Margate

State

FL

Zip Code

33063

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

REGISTERED AGENT MUST SIGN

Date

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
Dir	Alexander Munoz	325 Sunshine Drive	Coconut Creek, FL 33063
Dir	Omar Munoz	325 Sunshine Drive	Coconut Creek, FL 33063

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

September 18, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement
Alex Group, Inc.
Doc # P04000134267

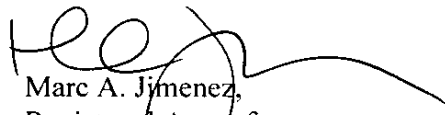
Dear Sirs:

This will serve to request reinstatement of the above-captioned corporation. I am the Registered Agent for the company.

We did not receive any notification from the state regarding corporate reports for 2005. Therefore, I am requesting you waive the late fees associated with reinstatement.

Thank you for your anticipated cooperation.

Very truly yours,



Marc A. Jimenez,
Registered Agent for
Alex Group, Inc.