


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

REINST W/O PENALTY  
 DRB 9/27

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P04000134267  
 1. Corporation Name Alex Group, Inc.  
 325 Sunshine Drive, Coconut Creek, FL 33066

2. Principal Office Address <b>Same</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEEL Number 201929988 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

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

Suite, Apt. #, Etc.

City Margate State FL Zip Code 33063

500080258555  
 09/28/06--01001--020 \*\*335.00

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] Date 9/18/06

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
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] Date 9/18/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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

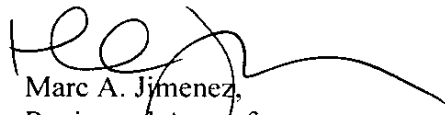
Dear Sirs:

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.