

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000052404

1. Corporation Name

ALESANDRA CORP

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

4304 ELTON PLACE

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

Zip

33594

Country

USA

3. Mailing Office Address

4304 ELTON PLACE

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

Zip

33594

Country

USA

7. Name and Address of Current Registered Agent

Name

SANDRA ESPINET

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

4304 ELTON PLACE

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

5-9-12

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
PRES	SANDRA ESPINET	4304 ELTON PLACE	VALRICO, FL 33594
DIRE	SANDRA ESPINET	4304 ELTON PLACE	VALRICO, FL 33594

10. E-mail Address: **MPhelps@Phelpsaaccounting.com**

(To be used for future annual report notifications)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

5-9-12

310-364-5288

FILED

2012 JUN 14 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000236267160
06/12/12--01017--006 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **04/07/05**

5. FEI Number
20-2713374

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.35 Additional Fee required
for a Certificate of Status