

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT - 3 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000034604

1. Corporation Name

ALIX PAINTING INC.

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

820 N.W. 104 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33150

Country

USA

3. Mailing Office Address

820 N.W. 104 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33150

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/08/2006

5. FEI Number

55-0917164

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

RUPERT ALEXANDER

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

820 NW 104 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Rupert Alexander

REGISTERED AGENT MUST SIGN

Date 9/26/08

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
<u>Pres.</u>	<u>RUPERT ALEXANDER</u>	<u>820 N.W. 104 STREET</u>	<u>MIAMI FL 33150</u>

000136607740
10/03/08--01042--001 **150.00

000136607740
10/03/08--01042--002 **150.00

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: Rupert Alexander RUPERT ALEXANDER, Pres. 9/26/08 #786-286-0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

September 26, 2008

Florida Department of State
Secretary of State
Division of Corporation

Re: Alix Painting, Inc.
EIN # 55-0917164
Document #P06000034604
820 NW 104th Street
Miami, FL 33150


Enclosed please find Corporation Reinstatement forms for 2007 & 2008. Please be advised that I did not receive any letter or notice informing me about the renewal or cancellation of my company. I mistakenly believed that my corporation was due for reinstatement every 2 years, same as the workman compensation insurance so I was surprised when the officer at the Workman Compensation office told me my company was dissolved.

I have been traveling back and forth out of the States of Florida, also out of the USA assisting with hurricane dilemma. Over the past 2 years several people have been collecting my mails, so I'm not sure what went wrong,

I am requesting that the fees for late filing and any penalty be waived.

Thanking you for a quick and grateful response.

Sincerely,


Rupert Alexander
President.