

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 23 PH 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10142008 REIN-P CR2E098 (1/07)

4. FEI Number **26-0168247** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P07000056249

1. Entity Name
ALEXANDER'S CARPET INSTALATION INC.



Principal Place of Business
**1551 NW 108 AVE APT 139
PLANTATION, FL 33322**

Mailing Address
**1551 NW 108 AVE APT 139
PLANTATION, FL 33322**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD SUITE 101
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **10-20-08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	MELENDEZ, WILFREDO			NAME			
STREET ADDRESS	1551 NW 108 AVE APT 139			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **10-20-08**