

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P930000 12041

1. Corporation Name  
The Michael N. Alexander Group, Inc.

FILED

98 OCT -2 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2408 S. Cameron Ave. Tampa, FL 33629 14502 N. DALE MABRY SUITE 227 TAMPA FL 33618-2072

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <u>SAME</u>		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>2-16-93</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3163202</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Teri Lynn Jones	2408 S. Cameron Ave	Tampa FL 33629
VP	Wayne David Jones	" " "	" " "
			800002659868-3 -10/08/98-01073-008 ***1217.50 ***1217.50

REINSTATEMENT

95-98 TS 10/6

8. Name and Address of Current Registered Agent <u>THOMAS RUTNERFORD</u> <u>TAMPA, FL</u>		9. Name and Address of New Registered Agent Name <u>TERI LYNN JONES</u> Street Address (P.O. Box Number is Not Acceptable) <u>2408 S. CAMERON AVE</u> Suite, Apt. #, Etc. City <u>TAMPA</u> State <u>FL</u> Zip Code <u>33629</u>	
---	--	---	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent Teri L. Jones Date 10/1/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Teri L. Jones 10/1/98 (813) 9693271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TERI L. JONES Date Daytime Phone #