

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -9 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080340

1. Corporation Name

ALEXMI INVESTMENT, CORP.

Principal Place of Business

Mailing Address

8241 N.W. 172ND ST. 8530 NW 174 ST 8241 N.W. 172ND ST. 8530 NW 174 ST
MIAMI FL 33015 MIAMI, FL 33015 MIAMI FL 33015 MIAMI FL 33015



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1993

Suite, Apt. #, etc.
8530 NW 174 ST

Suite, Apt. #, etc.
8530 NW 174 ST

City & State
MIAMI FL

City & State
MIAMI FL

5. FEI Number

65-0462004

Applied For

Not Applicable

Zip
33015

Country

Zip
33015

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREZ, MIGUEL A	8241 N.W. 172ND ST.	MIAMI FL 33015

500003482345--5
-12/01/00--01015--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PEREZ, MIGUEL A LEJANDR
8241 N.W. 172ND ST. 8530 NW 174 ST
MIAMI FL 33015 MIAMI FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Miguel A. Perez

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-7-00

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., 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:

Miguel A. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-7-00

305-5585868
Daytime Phone #

CP2E040 (8/00)