

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000012210

1. Entity Name
ALEX-LIN, INC.



FILED

06 MAR -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1388 TIMBERCREST DR.
DELTONA, FL 32738

Mailing Address
1388 TIMBERCREST DR.
DELTONA, FL 32738

2. Principal Place of Business
9215 E. COLONIAL DR.
Suite, Apt. #, etc.

3. Mailing Address
9215 E. COLONIAL DR.
Suite, Apt. #, etc.



02272006 REIN-P CR2E098 (11/06)

0506

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

4. FEI Number
59-3228593

Applied For
Not Applicable

Zip
32817

Country
ORANGE

Zip
32817

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, ALEX
1388 TIMBERCREST DR.
DELTONA, FL 32738

9215 E COLONIAL DR.
ORLANDO FL 32817

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FOSTER, ALEXANDER
1388 TIMBERCREST DR.
DELTONA, FL 32738
9215 E. COLONIAL
ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300067943553
03/16/06--01005--017 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alexander Foster

Alexander Foster

3-2-06

275-6796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #