

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 26 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068325

1 Corporation Name

M. PETER ALEXIS & CO. INC.

Principal Place of Business

Mailing Address

1779 EAGLE RIDGE BOULEVARD
PALM HARBOR FL 34685

1779 EAGLE RIDGE BOULEVARD
PALM HARBOR FL 34685

REINSTATEMENT

95-916
AO

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
2874 OAKRIDGE CT
Suite, Apt. #, etc. —

3. New Mailing Office Address, If Applicable
2874 OAKRIDGE CT
Suite, Apt. #, etc. —

4. Date Incorporated or Qualified To Do Business in Florida
09/14/1994

City & State
Palm Harbor FL

City & State
Palm Harbor FL

5. FEI Number
59-3269176
Applied For
Not Applicable

Zip
34685-2501
Country
Puerto Rico

Zip
34685-2501
Country
Puerto Rico

6. CERTIFICATE OF STATUS DESIRED **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
PK/DH	BOUNACOS Peter G	2874 OAKRIDGE CT	Palm Harbor FL 34685

100002039721--1
-12/27/96--01087--002
****575.00 ****575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUNACOS, PETER G
1779 EAGLE RIDGE BOULEVARD
PALM HARBOR FL 34685

Name
BOUNACOS Peter G
Street Address (P.O. Box Number is Not Acceptable)
2874 OAKRIDGE CT.
Suite, Apt. #, Etc. —
City
Palm Harbor
State
FL
Zip Code
34685

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

Peter G Bounacos
REGISTERED AGENT MUST SIGN

Date 12/24/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Peter G Bounacos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/24/96
Daytime Phone # 813 789 4052

CR22040 (6/95)