

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 20 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000017231 (8)

1 Corporation Name

ALEXANDER PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

12205 SW 16th Terrace  
SUITE A-105  
MIAMI, FL 33175

12205 SW 16th Terrace  
SUITE A-105  
Miami, Fl 33175

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

**REINSTATEMENT**

*96 av*

2 New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
03-01-95

DO NOT WRITE IN THIS AREA

Suite, Apt #, etc.

Suite, Apt #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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)

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	Morris A. Morales 12205 SW 16th Terrace A-105 Miami, Fl 33175.		

500002037065--1  
-12/24/96--01103--005  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

President  
MORALES, MORRIS A  
12205 SW 16th TERR, STE. A-105  
MIAMI, FL 33175

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

REGISTERED AGENT MUST SIGN

Date Dec. 13/96

11. 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.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided 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: Morris Alexander Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 13/96

Date

(305) 552-7444

Daytime Phone #

CR2000 (12/95)