

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 AM 9:39

DOCUMENT # **P95000025543**

1. Corporation Name

ALEXJENDE MOTORS INC

2. Principal Office Address

200 NORTH DENNING DR

Suite, Apt. #, etc.

SUITE 10

City & State

WINTER PARK

Zip

32789

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 96-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/29/95

5. FEI Number

NA

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AUGUST C. MAYORGA

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

200 NORTH DENNING DRIVE

600003351536--6

-08/09/00--01097--012

Suite, Apt. #, Etc.

SUITE 10

*****1350.00-- ***1350.00--**

City

WINTER PARK

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/12/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALEJANDRO FERNANDEZ	653 CORTEZ DRIVE ALTAMONTE SPRINGS,	ALTAMONTE SPRINGS, FL 32714
			600003351536--6 -08/09/00--01097--013 *****8.75 *****8.75
			<i>[Signature]</i>

10. 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:

Alejandro Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00
Date

Daytime Phone #