PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION FOR REINSTATEMENT

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

FILED
04 APR -2 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 96-04

700025392227
12/10/03--01060--026 **250.00

700025392227
12/10/03--01060--025 **500.00

DOCUMENT # **P95000025543**

1. Corporation Name
ALEXJENDE MOTORS, INC.

Principal Place of Business	Mailing Address
653 CORTEZ CIRCLE ALTAMONTE SPRINGS, FL 32714	653 CORTEZ CIRCLE ALTAMONTE SPRINGS, FL 32714

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
9170 OVERLAND ROAD	6853 WEST BLVD
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State APOPKA, FL 32703	City & State ORLANDO, FLORIDA
Zip / Country 32703 / USA	Zip / Country 32810 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/1995

5. FEI Number: 59-3305369 ☐ Applied For ☐ Not Applicable

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
P	ALEJANDRO FERNANDEZ	6853 WEST BLVD	ORLANDO, FL 32810

700025392227
12/10/03--01060--027 **8.75

700025392227
04/05/04--01077--003 **1,000.00

700025392227
04/05/04--01077--004 **191.25

8. Name and Address of Current Registered Agent

MAYORGA, AUGUST C.
553 IRIS STREET
ALTAMONTE SPRINGS, FL 32714-3114

9. Name and Address of New Registered Agent

Name: ALEJANDRO FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 6853 WEST BLVD
Suite, Apt. #, Etc.:
City: ORLANDO | State: FL | Zip Code: 32810

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: Alejandro Fernandez — Date: 12/8/03
REGISTERED AGENT MUST SIGN

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Alejandro Fernandez — 12/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #