

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065749

1. Corporation Name

Alexis, Inc.

2. Principal Office Address

2751 SPines DR

Suite, Apt. #, etc.

#4

City & State

Largo FL

Zip

34641

Country

USA

3. Mailing Office Address

11623 N Highland Ave

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33755

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-29-96

5. FEI Number

59-3401061

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

Dena Karras

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

2751 S. Pines DR. #4

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

34641

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

Dena Karras

Date

4/30/03

REGISTERED AGENT MUST SIGN

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	Dena Karras	2751 SPines DR #4	Largo FL 34641
VP	Herbert Sylvester	3109 112th Ave	Indian Rocks Beach FL 33785

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:

Dena Karras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03

Daytime Phone #

(727) 443-7511

CR2E031 (10/02)