

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P96000069828

1. Corporation Name

ALEXCHRIS FLORIDA CORPORATION

Principal Place of Business

Mailing Address

~~C/O BAILEY & JONES~~

~~C/O BAILEY & JONES~~

~~300 COURVOISIER CENTRE 501 BRICKELL KEY~~

~~300 COURVOISIER CENTRE 501 BRICKELL KEY~~

~~MIAMI FL 33131-2623~~

~~MIAMI FL 33131-2623~~

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

2. New Principal Office Address, If Applicable

3250 MARY STREET

Suite, Apt. #, etc.

307

City & State

COCONUT GROVE FL

Zip

33133

Country

DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1996

5. FEI Number

65-0708253

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HACKEL, KURT W	601 BRICKELL KEY DRIVE #801 3250 MARY ST. #307	MIAMI FL 33133

7000003491197--7
-12/07/00--01080-012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRONIG, STEVEN C

~~501 BRICKELL DRIVE~~

~~# 301~~

~~MIAMI FL 33133~~

Name

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

3250 MARY STREET

Suite, Apt. #, Etc.

307

City

COCONUT GROVE

State

FL

Zip Code

33133

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

Date 10-18-2000

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT HACKEL

10-18-2000

Date

Daytime Phone #

305-444-6300