

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058600

1. Corporation Name

CHRISTIAN ALEXANDER & CO., INC.

Principal Place of Business

19051 S.W. 147TH AVENUE
MIAMI FL 33187

Mailing Address

19051 S.W. 147TH AVENUE
MIAMI FL 33187



REINSTATEMENT

91

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
8932 S.W. 129th Terrace

City & State
Miami, FL

Zip
33176

Country

EU A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
8932 S.W. 129th Terrace

City & State
Miami, FL

Zip
33176

Country

EU A

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1997

5. FEI Number

65-0767220

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TORRES, AURELIO A	19051 S.W. 147TH AVENUE	MIAMI FL 33387
			900003099149--2 -01/14/00--01072--011 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

TORRES, AURELIO A
19051 S.W. 147TH AVENUE
MIAMI FL 33187

9. Name and Address of New Registered Agent

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 11-22-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-99 (305) 971-7513
Date Daytime Phone #

CR2E040 (8/99)