

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -1 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073694

1. Corporation Name

ALEXANDER'S PROPERTIES OF SOUTH
FLORIDA INC

2. Principal Office Address

2941 NW 162 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33054

Country

USA

3. Mailing Office Address

2941 NW 162 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33054

Country

USA

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

5. FEI Number

65-0798931

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

WILLIE L JACKSON

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

18800 NW 2 AVENUE

Suite, Apt. #, Etc.

SUITE 221

City

MIAMI

State

FL

Zip Code

33169

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

6/12/05

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	CECELY ALEXANDER	2941 NW 162 STREET	MIAMI, FL 33054
ST	ROBERT ALEXANDER	2941 NW 162 STREET	MIAMI, FL 33054

100056892101
07/01/05--01038--010 **1500.00

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:

Cecely Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/05

CR2E081 (01/05)