


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

2007 OCT 12 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080435

## 1. Corporation Name

BEXLEY ORLANDO, INC.

## 2. Principal Office Address - No P.O. Box #

2015 ORANGE AVE

Suite, Apt. #, etc.

SUITE 950

City &amp; State

ORLANDO, FL

Zip

32801

Country

USA

## 3. Mailing Office Address

2015 ORANGE AVE

Suite, Apt. #, etc.

SUITE 950

City &amp; State

ORLANDO, FL

Zip

32801

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/1997

## 5. FEI Number

593468495

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

STEPHAN M NEVELEFF

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

251 MATLAND AVE

Suite, Apt. #, Etc.

SUITE 112

City

Altamonte Springs

State

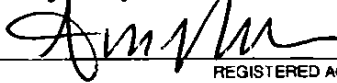
FL

Zip Code

32701

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

## 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


Date 10/8/07

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
D	SULAIMAN ABALKHAIL	2015 ORANGE AVE #950	ORLANDO, FL 32801
D	STEPHAN M NEVELEFF	251 MATLAND AVE #112	Altamonte Sp, FL 32701

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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 contained in Chapter 119, 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

10/8/07

Date

407 7676474

Daytime Phone #

10/15/07