

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000274

1. Corporation Name

ALEXANDER READ INVESTMENT MANAGEMENT, INC.

Principal Place of Business

111 E FAIRBANKS AVE  
STE 100  
WINTER PARK FL 32789

Mailing Address

111 E FAIRBANKS AVE  
STE 100  
WINTER PARK FL 32789



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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/02/1998

5. FEI Number

59-3485065

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
<del>P</del>	<del>READ, ALEXANDER</del>	<del>2068 BOWER RD</del>	<del>WINTER PARK FL 32792</del>
P	READ, ALEXANDER	1910 ENGLEWOOD RD	WINTER PARK, FL 32789

500008710665  
10/30/02--01116--010 \*\*150.00

*Read*

8. Name and Address of Current Registered Agent

READ, ALEXANDER  
2968 BOWER RD  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name READ, ALEXANDER  
Street Address (P.O. Box Number is Not Acceptable)  
1910 ENGLEWOOD RD  
Suite, Apt. #, Etc.  
City WINTER PARK State FL Zip Code 32789

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

10/21/02

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

10/21/02

Date

4076292746

Daytime Phone #

CR2E040 (8/02)



ALEXANDER READ INVESTMENT MANAGEMENT, INC.

October 21st, 2001

Division of Corporations  
Annual Report/ Reinstatement Section  
PO BOX 6327  
Tallahassee, Fl  
32314-6327

Dear Sir/ Madam,

Please find this letter as notification that we "Alexander Read Investment Management, Inc" did not receive prior UBR notices before October 21st, 2002.

Please call if you have any questions.

Best Wished,

X   
Alexander Read