


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # <u>998000039179</u>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

01 DEC 17 PM 4:00

1. Corporation Name

Alexis International Group Inc.

2. Principal Office Address 3121 Washington Rd Suite, Apt. #, etc. West Palm Beach, FL 33405 Zip 33405 Country USA		3. Mailing Office Address 222 Lakeview Ave Ste 160 Suite, Apt. #, etc. West Palm Beach, FL 33411 Zip 33411 Country USA	
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***1050.00 ***1050.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida April 1998	
5. FEI Number 11-3471694	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Dr. Alexis Kirk President Alexis International Group Inc Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Ave Ste 160 West Palm Beach, FL 33411 Suite, Apt. #, Etc. Suite 160 City West Palm Beach, FL 33411 State FL Zip Code 33411		
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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] Date 12/14/01

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
Pres.	Dr. Alexis v. Kirk	President 3121 Wassingtong Rd	West Palm Beach, FL 33405

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: [Signature] 12/14/01 1212-317-0070 1-877-313-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #