

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMMISSION ON REINSTATEMENT **REINSTATEMENT** **SECRETARY OF STATE TALLAHASSEE, FLORIDA** **NOV 15 PM 3:25**

DOCUMENT # **P980000 73280**

1. Corporation Name
Alexis Apartments, Inc.

2. Principal Office Address
2665 S. Bayshore Drive

3. Mailing Office Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.
Suite 703

City & State
Miami, Florida

Zip
33133

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
8/17/98

5. FEI Number
65-1148254

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive

Suite, Apt. #, Etc.
Suite 703

City
Miami

State
FL

Zip Code
33133

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 **REGISTERED AGENT MUST SIGN** **Date** 11-14-01

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	Barbara Hunter	2665 S. Bayshore Drive Suite 703	Miami, Florida 33133
VP	Chauvine Jacques	2665 S. Bayshore Drive Suite 703	Miami, Florida 33133
S	Pascal Andre	2665 S. Bayshore Drive Suite 703	Miami, Florida 33133

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: **Pascal Andre** **11/14/01** **(305) 858-9900**

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

Ed Tribble
Florida Information Associates Inc

Requester's Name

P.O. Box 11144

Address

Tallahassee, FL 32302-3144

City/State/Zip

Phone #

(850) 878-0188

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ALEXIS APARTMENTS INC

(Corporation Name)

P98000073280

(Document #)

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☒ Reinstatement
- ☐ Trademark
- ☐ Other

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DIVISION OF CORPORATION

Examiner's Initials