

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7 of 2

CORPORATION REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014348

1. Corporation Name

ALEXANDER HOMES INC.

2. Principal Office Address

Suite, Apt. #, etc.

P.O. BOX 770637

City & State

ORLANDO, FLORIDA

Zip

32877-0637

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. BOX 770637

City & State

ORLANDO, FLORIDA

Zip

32877-0637

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB 11, 1999

5. FEI Number

59-3575994

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

R-A-LAYZELL

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

4012 BROOKMYRA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32837

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

*R-A-Layzell*  
REGISTERED AGENT MUST SIGN

Date 29 Oct 2000

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	RAYMOND A LAYZELL	4012 BROOKMYRA DRIVE	ORLANDO FL 32837
V. PRES	REUBEN WEBB	1760 GOLF VIEW DRIVE	KISSIMMEE FL 34746
			LS

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:

*R-A-Layzell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Oct 2000

Date

407 816 7000

Daytime Phone #

2002



P.O. Box 770637, Orlando, FL 32877-0637  
Office (407) 816-7000 Fax (407) 816-7008  
ALEXHMS1@aol.com

October 30, 2000

Division of Corporations  
Corporate Records  
P O Box 6327  
Tallahassee, FL 32314

To The Department of State

Forwarding a check for Corporation reinstatement.

Sorry for the confusion, only we changed our address and the Post Office sent the renewal forms back to you. The first we knew about this is when it came to light at one of our closings, therefore I phoned straight away to find out how to be reinstated and one of your staff was very helpful in telling me how to go about this.

Again, sorry for any inconvenience, I hope you can deal with this as soon as possible.

Regards,

Ray Layzell  
PRESIDENT

