

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 29 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025193

1. Corporation Name

M.C. Alexander, Inc.

2. Principal Office Address

118 Camden Drive

Suite, Apt. #, etc.

City & State

Bal Harbour, FL

Zip

33154

Country

USA

3. Mailing Office Address

118 Camden Drive

Suite, Apt. #, etc.

City & State

Bal Harbour, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

650921279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Esquire Corporate Services, Inc.

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

780 NW LeJeune Road

Suite, Apt. #, Etc.

Suite 324

City

Miami

State

FL

Zip Code

33126

600054219166

05/10/05--01072--011 **120.00

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 April 28, 2005

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	Michael Alexander	118 Camden Drive	Bal Harbour, FL 33154
VP	Carmen Alexander	118 Camden Drive	Bal Harbour, FL 33154
ST	Michael Alexander	118 Camden Drive	Bal Harbour, FL 33154

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2005 305 865-6889
Date Daytime Phone #

CR2E081 (01/05)