

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000026596**

1. Corporation Name

ALEXANDER, INC.

2. Principal Office Address - No P.O. Box #

118 CAMDEN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BAL HARBOUR, FL.

Zip

33154

Country

USA

City & State

BAL HARBOUR, FL.

Zip

33154

Country

USA

7. Name and Address of Current Registered Agent

Name

MICHAEL C. ALEXANDER

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

118 CAMDEN DR.

Suite, Apt. #, Etc.

City

BAL HARBOUR

State

FL

Zip Code

33154

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]

REGISTERED AGENT MUST SIGN

Date

8/30/07

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
PST	MICHAEL C. ALEXANDER	118 Camden Dr.	Bal Harbour, FL 33154
			000109588090 09/18/07--01059--007 **1500.00
			000109588090 09/18/07--01059--008 **17.50

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 contained in Chapter 119, 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

[Signature]

Date

8/30/07

Daytime Phone #

**786
443-8339**

FILED

07 SEP 12 PM 2:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-07

CR2E081 (1/07)