PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

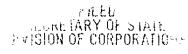
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9900068259

1. Corporation Name

PHILLIP ALEXANDER, INC.



03 JUL 22 AM 8: 11

Principal Place of Business Malling		Mailing Addre	Address			LANDING .	III IGNO (BUSI GONI OGNI BON)	1848 ILAN GIGH 1811 (8 4)	
4126 IVEYGLEN AVENUE ORLANDO FL 32826		4126 IVEYGLEN AVENUE ORLANDO FL 32826								
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If above a	ddresses are incorrect in any way, line th	rough incorrect in	iformation ar	nd enter correction b	elow.	THE THE THE	DUST FPRANCE	IN P C	202	
New Principal Office Address, If Applicable 3. New Mai		ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/26/1999					
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.			5. FEI Number	59-3581265		Applied For	
City & State . Cit		City & State	City & State			6.	39-330 1203		Not Applicable	
Zip ,	Country	Zip		Country			OF STATUS DESIRED		Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)* Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
PRES	ALEXANDER, PHILLIP E	4126 IVEYGLEN AVE.				ORLANDO FL 32826				
4.										
							000021728560 07/22/0301079003 ***900.00			
						017227	<u> </u>	<u>, 103 **</u>	·300,00	
		İ								
<u> </u>										
8. Name and Address of Current Registered Agent				Nome	Name and Address of New Registered Agent Name					
ALEXANDER, PHILLIP				Name					ļ	
4126 IVEYGLEN AVENUE			•	Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32826			Suite, Apt. #, Etc.							
•				City			····	State	Zip Code	
							FL			
10. I, being	appointed the registered agent of the about	ove named corpo	ration, am fa	miliar with and acce	pt the ob	bligations of Secti	on 607.0505, F.S. or	617.0505, F	F.S.	
Signature o Registered	Agent	TUZ	RIP	QUIRE	D		Date	/19/0	13	
	- R	EGISTERED AG	ENT MUST	SIGN				<u> </u>		
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss to the corporation have been paid and the application is true and accurate, and my si	olution has been names of individu	eliminated, t uals listed or	he corporate name s this form do not qu	satisfies alify for	the requirements an exemption und	of section 607.0401	r 617.0401	, F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR