

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 PM 12:14

DOCUMENT # P99000074339

1. Corporation Name

ALEXANDER, INC. OF TAMPA BAY

Principal Place of Business

14021 VILLAGE VIEW DRIVE
TAMPA FL 33624

Mailing Address

14021 VILLAGE VIEW DRIVE
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1426 W. BUSCH BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33612

3. New Mailing Office Address, If Applicable

1426 W. BUSCH BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33612

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1999

5. FEI Number

59-3593413

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	CLENDENIN, TARA M	14021 VILLAGE VIEW DRIVE	TAMPA FL 33624

500003463565--1
-11/15/00--01010--019
***750.00 ***750.00

10/11/13

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name	TARA CLENDENIN
Street Address (P.O. Box Number is Not Acceptable)	1426 W. BUSCH BLVD
Suite, Apt. #, Etc.	TAMPA FL 33612
City	FL
State	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Tara Clendenin

REGISTERED AGENT MUST SIGN

Date 10-26-00

11. 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:

Tara Clendenin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00
Date

813-936-2937
Daytime Phone #

CR2E040 (8/00)