

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **ALEXANDER, INC. OF TAMPA
BAY**

799 0000 74339

REINSTATEMENT 01-02

2. Principal Office Address

2012 E 7TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 280486

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33605

Country

HILLSBOROUGH

Zip

33682

Country

HILLSBOROUGH

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-20-1999

5. FEI Number

593593413

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

TARA M CLENDENIN

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

1426 W. BUSCH BLVD

Suite, Apt. #, Etc.

TAMPA FL 33612

City

TAMPA

State

FL

Zip Code

33612

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

Tara Clendenin

Date **4-10-02**

REGISTERED AGENT MUST SIGN

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
NEW PSTO	SUDESH MARAS	14926 LAURE LN.	TAMPA FL 33613
PSTO 005	TARA CLENDENIN	14021 VILLAGE VIEW DR	TAMPA FL 33624

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

4-10-02

Date

813 610 5144

Daytime Phone #

Tara Clendenin

4-10-02

85 5/3/02

CR2E081 (9/01)