

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 28 A 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076717

1. Corporation Name

Alex Cole Interiors Limited, Inc.

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

3309 Lacewood Road

3. Mailing Office Address

3309 Lacewood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33618

Country

USA

Zip

33618

Country

USA

200181482452
05/28/10--01035--018 **1500.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-1999

5. FEI Number

59-3595079

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

Lisa A. Patrick

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

3309 Lacewood Road

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Lisa A. Patrick

REGISTERED AGENT MUST SIGN

Date 5-24-2010

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
PSD	Lisa A. Patrick	3309 Lacewood Road	Tampa, FL 33618

REINSTATEMENT
01-10

JP

10. E-mail Address: alexcoleinteriors@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Lisa A. Patrick

Lisa A. Patrick

President

5-24-2010

813-334-41

29

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #