

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		

DOCUMENT # *P99 0000 76717*

1. Corporation Name

Alex Cole Interiors Limited, Inc.

2. Principal Office Address - No P.O. Box # <i>3309 Lacewood Road</i>	3. Mailing Office Address <i>3309 Lacewood Road</i>
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i></i>
City & State <i>Tampa, Florida</i>	City & State <i>Tampa, Florida</i>
Zip <i>33618</i>	Country <i>USA</i>
Zip <i>33618</i>	Country <i>USA</i>

7. Name and Address of Current Registered Agent			
Name <i>Lisa A. Patrick</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>3309 Lacewood Road</i>			
Suite, Apt. #, Etc. <i></i>			
City <i>Tampa</i>		State <i>FL</i>	Zip Code <i>33618</i>

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	<i>Lisa A. Patrick</i>	<i>3309 Lacewood Road</i>	<i>Tampa, FL 33618</i>

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President *5-24-2010 813-334-4129*

Date

Daytime Phone #

FILED

2010 MAY 28 A 11: 19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

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.

REINSTATEMENT

01-10

QH