

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 14 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000102948**

1. Corporation Name
Alexan Corp.

c/o G. Alexander, CPA

2. Principal Office Address
c/o G. Alexander, CPA

3. Mailing Office Address

Suite, Apt. #, etc.
P.O. Box 590

Suite, Apt. #, etc.
P.O. Box 590

City & State
Palm City, FL

City & State
Palm City, FL

Zip
34991-0590

Country
USA

Zip
34991-0590

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **11/29/1999**

5. FEI Number
65-0982712

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-09

7. Name and Address of Current Registered Agent

Name
Gary D. Alexander, CPA

Street Address (P.O. Box Number is Not Acceptable)
263 S.W. Hatteras Court

Suite, Apt. #, Etc.

City
Palm City

State
FL

Zip Code
34990

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

Gary D. Alexander, CPA
REGISTERED AGENT MUST SIGN

Date

9/9/04

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 |
|--------|--------------------------------------|---|--------------------------|
| D | De Montremy, Pascale Jeanne C. | P.O. Box 590 | Palm City, FL 34991-0590 |
| | | | |
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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:

Pascale de Montremy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/24/04

Daytime Phone #

772-288-2725

Gary Alexander & Company, CPA's

202

8201 Peters Road, Suite 1000
Plantation, FL 33324
Telephone (954) 916-2737
Fax (954) 916-2736
Cell (954) 804-1747

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
PO Box 823037, South Florida
Florida, 33082-3037

e-mail GDACPA@aol.com

March 7, 2003

To: Florida Department of State

RE: Alexan Corp. Document # P99000102948

Dear Sirs:

Enclosed you will find the Uniform Business Report and check in the amount of \$150 filing fees. I understand that this report is late filed and may be subject to a penalty. Please abate the penalty as the original mailing address was a rental location and I moved away. The new tenant failed to forward the mail to me as requested and I never received the re-newel document.

My accountant informed me of this problem and is assisting me with this correction, as I am out of the country most of the year.

Should you need additional information please contact me directly at the numbers listed on the above letterhead.

Sincerely,


Pascale De Montremy