

AUG-24-2001 10:03

EMPIRE CORPORATE KIT

P.01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P99000106626*

1. Corporation Name

*Alexandra Investment Properties, Inc.*

2. Principal Office Address

*5711 SW 117th Terrace*

Suite, Apt. #, etc.

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City &amp; State

*Cooper City, Florida*

City &amp; State

Zip

*33330*

Country

*USA*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida*12/9/1999*

5. FEI Number

*05-0967611*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

*Shokrollh Sarvestani*

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

*5711 SW 117th Terrace*

Suite, Apt. #, Etc.

City

*Cooper City, Florida 33330*State  
*FL*

Zip Code

*33330*

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*Shokrollh Sarvestani*

Date

*8/24/01*

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|--------------------------|--------------------------------------|---------------------------------------------------|-------------------------------|
| <i>P/D</i><br><i>SIT</i> | <i>Shokrollh Sarvestani</i>          | <i>5711 SW 117th Terrace</i>                      | <i>Cooper City, Fla 33330</i> |
|                          |                                      |                                                   |                               |
|                          |                                      |                                                   |                               |
|                          |                                      |                                                   |                               |
|                          |                                      |                                                   |                               |
|                          |                                      |                                                   |                               |

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:

*Shokrollh Sarvestani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/24/01*

Date

*(954) 270-2379*

Daytime Phone #

TOTAL P. 01