

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S17084**

1. Corporation Name

**ALEXANDER'S NEW LIFE, INC.**

Principal Place of Business

5006 COLLIER BLVD  
BOX 111  
MARCO ISLAND FL 34145  
US

Mailing Address

599 S COLLIER BLVD  
BOX 111  
MARCO ISLAND FL 34145  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/1990

5. FEI Number

65-0228397

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALEXANDER, DOUGLAS H.	599 S COLLIER BLVD BOX 111	MARCO ISLAND FL 34145
D	ALEXANDER, KAREN F	599 S COLLIER BLVD BOX 111	MARCO ISLAND FL 34145

800023870848  
10/17/03 01019-024 \*\*150.00

8. Name and Address of Current Registered Agent

ALEXANDER, DOUGLAS H.  
599 S COLLIER BLVD  
BOX 111  
MARCO ISLAND FL 34146

9. Name and Address of New Registered Agent

Name

KAREN F. ALEXANDER

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

599 S. COLLIER BLVD

Suite, Apt. #, Etc.

MARCO F. Box 111

City

MARCO ISLAND

State

FL

Zip Code

34145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Karen F. Alexander*  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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 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:

*Karen F. Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03 (839)  
642-9800  
Date Daytime Phone #

CR2E040 (7/03)

**Mr. A's Ice Cream and Yogurt  
599 South Collier Blvd.  
Marco Island, Fl. 34145**

**Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327**

**To: Florida Division of Corporations,**

**Due to the terrible loss of my husband, Douglas H.  
Alexander, the application for the Corporation was never recieved.  
It may have been lost in the mail, which has happened in the past  
with other mail.**

**Enclosed is a check for \$150.00.  
Document # S17084**

**Thank You ,**

A handwritten signature in cursive script that reads "Karen F Alexander". The signature is written in dark ink and is positioned above a horizontal line.

**Karen F Alexander**