PLEASE READ ALL INSTRUCTIONS BEFORE COM: LETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # 99 NOV 22 PM 4: 09 1. Corporati in Name ALEXANDER GALI, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 721 Rockport Court c/o Berry & Greusel Marco Island, FL 34145 1104 N. Collier Blvd. Marco Island, F1 34145 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 1/15/91 Suite Apt # etc Suite Ant # etc. 5. FEI Number Applied For 65-0243302 City & State City & State Not Applicable \$8.75 Addition For regain Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Tibe(s) P/S/T Alexander <u>Gal</u>i 721 Rockport Court Marco Island. FL 34145 2<u>00003060762</u> -12/03/99--01098--027 ***1650.00 ***1650.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Jamie B. Greusel Street Address (P.O. Box Number is Not Acceptable) 1104 N. Collier Blvd. Marco Island, FL 34145 Suite, Apt. #, Etc. City State Zip Code corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. If being appointed the registered agent of the above named Signature of Registered Agent 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🚾 Intangible Personal Property Tax due June 30. 12 Teartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling 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. 11-18-1989(941) 642-3557 SIGNATURE: ED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRIN ALEXANDER GALI