

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V49972**

1. Corporation Name

ALEXTLE, INC.

Principal Place of Business

Mailing Address

5225 COLLINS AVE.
MIAMI BEACH FL 33140

~~5225 COLLINS AVE.~~
~~MIAMI BEACH FL 33140~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1992

5. FEI Number

65-0392834

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCKIBBIN, DAVID A.	5225 COLLINS AVE.	MIAMI FL 33140 Beach
			300005282833--9 -04/16/02--01059--010 ***1058.75 ***1058.75

00-02-19
REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKIBBIN, DAVID A.
~~5225 COLLINS AVE.~~
MIAMI BEACH FL 33140

Name

McKibbin, David A.

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

555 NE 15 St.

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33132

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 3-26-02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. McKibbin, President

3-26-02

Date

Daytime Phone #

(305) 372-0933

CR2E040 (8/00)