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APPROVED AND FILED 12/12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #H09512

1 Corporation Name

PRAXIS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
280 W CANTON AVE #230 WINTER PARK, FL 32789	280 W CANTON AVE # 230 WINTER PARK, FL 32789

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

REINSTATEMENT 12/31/96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing 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: 06/25/1984

5 FEI Number: 59-2777715 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SVD	SIMMONS, MICHAEL	3226 CANDLERIDGE DR	ORLANDO FL 32822
V	FOY, ROBERT	324 HENKEL CIRCLE	WINTER PARK FL 3278
PCD	MACEK, JAMES	4604 WILD BRIAR PASS	AUSTIN TX 78746
D	HOLLIDAY, JAMES E	7 DRIFTING WIND RUN	AUSTIN TX 78746
V	JASKULSKI, DENNIS C	RD 4, BOX 4932	GLEN ROCK PA 17327
	SEE ATTACHED		

8 Name and Address of Current Registered Agent

SIMMONS, MICHAEL
280 W CANTON AVE SUITE 230
WINTER PARK FL 32789

9 Name and Address of New Registered Agent

Name

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

Suite, Apt. # Etc

City State Zip Code

FL

900002045479
-01/03/97--01143--001
*****375.00 *****375.00

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 New Registered Agent: Michael C Simmons Date 12/30/96

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [XX] No ☐

(See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Michael C Simmons MICHAEL C SIMMONS 12/30/96 407-647-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TITLE	NAME OF OFFICERS	STREET ADDRESS	CITY/STATE/ZIP
D	KUCH, KARL-HEINZ	WILHELM-HAUFF-WEG 20	07751 WOGAU GERMANY
D	O'SHEA, PATRICK	4405 ARROWSWEST DR	COLORADO SPGS CO 80907