

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047315

1. Corporation Name

AXIAN COMMUNICATIONS, INC.

000023523340
10/03/03--01002--024 **750.00

REINSTATEMENT 2003

2. Principal Office Address

13450 W. Sunrise Blvd.

3. Mailing Office Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 1700

City & State

Sunrise, FL

City & State

Miami, FL

Zip

33323

Country

US

Zip

33131

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2000

5. FEI Number

651009285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam S. Herman

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

13450 W. Sunrise Blvd.

Suite, Apt. #, Etc.

Suite 140

City

Sunrise

State
FL

Zip Code
33323

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

Adam S. Herman

Date 09/29/03

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/CFO	Adam S. Herman	13450 W. Sunrise Blvd., Suite 140	Sunrise, FL 33323
D	Douglas Berman	1001 Brickell Bay Dr., 27th FL	Miami, FL 33131
D	Sami Mnaymneh	1001 Brickell Bay Dr., 27th FL	Miami, FL 33131
D	Arthur Heller	1001 Brickell Bay Dr., 27th FL	Miami, FL 33131
D	Betsy Atkins	10 Edgewater Drive	Miami, FL 33133
D	Rick Steinger	33 Collegeview Road	Westerville, OH 43081

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:

Adam S. Herman

Adam S. Herman

9/29/03

(954) 315-7730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2031 (10/02)