
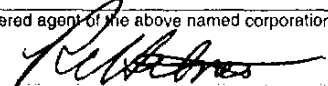



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 AUG 21 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--------------------------------------|---|-----------------------------------|
| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 99200012991 | | | |
| 1. Corporation Name DAX INTERNATIONAL INC. | | | |
| Principal Place of Business 18840 S. DIXIE HWY MIAMI FL 33157 | | Mailing Address | |
| 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 | | Zip | |
| Country | | Country | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 1990 | |
| | | 5. FEI Number 65-0375736 | |
| | | Applied For | |
| | | Not Applicable | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
| P | Jenny Blohm | 7849 SW 112 ST | MIAMI FL 33156 |
| V | Graylan Franklin | 16410 SW 77 AVE | MIAMI FL 33157 |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| | | Name ROBERT C. HIBNER | |
| | | Street Address (P.O. Box Number is Not Acceptable) 7600 Red Road | |
| | | Suite, Apt. #, Etc. Suite 211 | |
| | | City South Miami | State Zip Code FL 33143 |
| 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  | | Date May 28, 97 | |
| | | REGISTERED AGENT MUST SIGN | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | |
| 12. 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:  | | Date 5/28/97 (305) 238-0154 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

REINSTATEMENT ⁰⁶⁻²⁷⁻⁹⁷
 000002277290-9
 -08/26/97--01036--003
 ***915.00 ***915.00

CR2040 (1/96)