

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 DEC 11 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000060978*

1. Corporation Name
PERSONALIX, INC.

Mailing Address Principal Place of Business
7441 NW 8th Street Unit E Same
Miami, FL 33126

REINSTATEMENT *de*

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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|---------|--|---------|--|--|
| 2. New Mailing Address, If Applicable | | 3. New Principal Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida August 15, 1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0514310 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| Zip | Country | Zip | Country | | |

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 |
|------------|-------------------------------------|---|---|
| Pres. | Adolfo Moreno | 9874 NW 29th St | Miami, FL 33172 |
| V. Pres. | Jose Moreno | 9874 NW 29th St | Miami, FL 33172 |
| | | | 100002028101--9 -12/12/96--01109--021 ****375.00 ****375.00 |
| | | | <i>312-11-96</i> |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent Adolfo Moreno 9363 Fontainebleau Blvd H-103 Miami, FL 33172 | | 9. Name and Address of New Registered Agent Name Adolfo Moreno Street Address (P.O. Box Number is Not Acceptable) 9874 NW 29 St Suite, Apt. #, Etc. City Miami State FL Zip Code 33172 | |
|--|--|---|--|

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]* REGISTERED AGENT MUST SIGN Date _____

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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: *[Signature]* ADOLFO MORENO Date *12/06/96* (305) 261-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (CSA)