

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000113128

1. Corporation Name

ESTRADIX, INC.

REINSTATEMENT 02-04

100028782611
02/16/04--01013--018 **150.00

100028782611
02/16/04--01013--017 **900.00

2. Principal Office Address

7000 Island Blvd.

3. Mailing Office Address

7000 Island Blvd.

Suite, Apt. #, etc.

Unit 1105

Suite, Apt. #, etc.

Unit 1105

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33160

Country

Zip

33160

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

D'ALESSANDRO, MAURICIO

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

7000 ISLAND BLVD

Suite, Apt. #, Etc.

Unit 1105

City

Aventura

State

FL

Zip Code

33160

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

MAURICIO D'ALESSANDRO

Date

01/23/04

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
D.	D'ALESSANDRO, MAURICIO L	7000 Island Blvd. Unit #1105	Aventura, FL 33160

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)(l), 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:

MAURICIO D'ALESSANDRO

01/23/04

(305) 932-6262

SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)