

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100009782

1. Corporation Name

Axiom Worldwide, Inc.

400193278464
02/03/11--01043--013 **300.00

2. Principal Office Address - No P.O. Box #

3306 Ehrlich Road

Suite, Apt. #, etc.

3. Mailing Office Address

3306 Ehrlich Road

Suite, Apt. #, etc.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2002

5. FEI Number
59-3696080

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

City & State

Tampa, FL

Zip

33618

Country

United States

City & State

Tampa, FL

Zip

33618

Country

United States

7. Name and Address of Current Registered Agent

Name

Lee Wm. Atkinson

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

4301 Anchor Plaza Parkway

Suite, Apt. #, Etc.

300

City

Tampa

State

FL 33634

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 28 Jan 2012

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

DP James J. Gibson, Jr. 3306 Ehrlich Road Tampa, FL 33618

D Nicholas Exarhos 555 W. Linebaugh Avenue, Suite N Tampa, FL 33624

REINSTATEMENT

RH

10. E-mail Address: latkinson@forizs-dogali.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nicholas Exarhos

1.28.2012 (813) 935-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #