

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 11 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 402145

1. Corporation Name

ONIX MANUFACTURING, Co.

2. Principal Office Address
2225 NW 25th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33142

Country
USA

3. Mailing Office Address
2225 NW 25th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33142

Country
USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEL Number
591432169

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

Sharon Quinn Dixon

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

150 W. Flagler Street

Suite, Apt. #, Etc.

Suite 2200

City

Miami

State
FL

Zip Code
33130

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

Sharon Quinn Dixon
REGISTERED AGENT MUST SIGN

Date July 7, 2006

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 |
|--------|--------------------------------------|---|----------------------|
| PT | Alberto F. Fontela | 8901 SW 95 Avenue | Miami, Florida 33176 |
| VSD | Alberto J. Fontela | 8825 SW 100 Street | Miami, Florida 33176 |
| | | | |
| | | | |
| | | | |
| | | | |

500079780825
09/18/06--01015--002 **1050.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-06

Date

305-638-4741

Daytime Phone #