

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402145

1. Corporation Name

Onix Manufacturing, Co.

REINSTATEMENT 01-03

300021082573

10/24/03--01024--014 **1058.75

2. Principal Office Address

2225 NW 25 AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

Miami, FL

City & State

Same

Zip

33142

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/72

5. FEI Number

59-1432169

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

Alberto J. Fontela

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

2225 NW 25 AVE

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33142

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

Alberto J. Fontela

REGISTERED AGENT MUST SIGN

Date

10-22-03

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
P/T	Alberto F. Fontela	8901 SW 95 AVE	Miami, FL, 33176
V/P/S	Alberto J. Fontela	8825 SW 100 ST	Miami, FL, 33176

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)(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:

Alberto J. Fontela

Alberto J. Fontela

10/22/03

(305)638-4741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)