

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 AM 11:55

DOCUMENT # F00000005881

1. Corporation Name

E-REX, INC.

Principal Place of Business

Mailing Address

~~8890 GORAL WAY, STE 220~~
~~MIAMI FL 33165~~

~~8890 GORAL WAY, STE 220~~
~~MIAMI FL 33165~~



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

2. New Principal Office Address, If Applicable

11645 Biscayne Blvd

Suite, Apt. #, etc.:

Suite 210

City & State
Miami, FL

Zip
33181

Country
USA

3. New Mailing Office Address, If Applicable

11645 Biscayne Blvd

Suite, Apt. #, etc.:

Suite 210

City & State
Miami, FL

Zip
33181

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2000

5. FEI Number

88-0292890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	DILLEY, CARL	6901 EDGEWATER DRIVE, #317 1313 Orange Isle	CORAL GABLES FL Ft. Lauderdale, FL 33315
CD	HARVEY, JEFF	2101 WEST STATE RD, #434 STE 221	LONGWOOD FL
CD	MITCHELL, DON	2701 WEST STATE RD #134, STE 221 525 Melrose Ave	LONGWOOD FL Orlando, FL 32789
O	PACHECO, JOSEPH	227132 Ventura suite A, Woodlawn	Woodland Hills, CA 91364
PSD	DILLEY, CARL	1313 Orange Isle	Ft. Lauderdale FL 33315
CD	MITCHELL, DONALD, A	525 Melrose Ave	Winter Park, FL 32789

8. Name and Address of Current Registered Agent

DILLEY, CARL E
~~8890 GORAL WAY, STE 220~~
~~MIAMI FL 33165~~

9. Name and Address of New Registered Agent

Name

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

11645 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 210

City

Miami

State

FL

Zip Code

33181

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

800004769008--8

-01/11/02--01037--016

****750.00 ****750.00

Date 10-15-01

11. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

Daytime Phone #

CR2E040 (8/01)