

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB - 5 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


900087713899  
02/08/07--01024--020 \*\*150.00

REINSTATEMENT 05-07

CR2E081 (1/07)

12/15/06 01047 006 908.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000002848

1. Corporation Name

AXN, INC.

2. Principal Office Address - No P.O. Box #  
1900 Glades Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 359

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip  
33431

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/2001

5. FEI Number  
651067363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name  
Steve Byars

Street Address (P.O. Box Number is Not Acceptable)  
1900 Glades Road

Suite, Apt. #, Etc.  
Suite 359

City  
Boca Raton

State  
FL

Zip Code  
33431

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

*Steve Byars*

Date 1-31-07

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
V	Steve Byars	1900 Glades Road Ste 359	Boca Raton, FL 33431
V	Asher Avital	1900 Glades Road Ste 359	Boca Raton, FL 33431
DP	Gadi Tamari	1900 Glades Road Ste 359	Boca Raton, FL 33431
D	Gil Biran	1900 Glades Road Ste 359	Boca Raton, FL 33431

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

Date

Daytime Phone #

1/30/07

2/7 00