

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 14 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



300023790453

10/14/03--01056--014 **750.00

DOCUMENT # F02000002064

1. Corporation Name

MIXSON CORPORATION

Principal Place of Business

Mailing Address

7635 W. 28TH AVE
HIALEAH FL 33016

7635 W. 28TH AVE
HIALEAH FL 33016

[Handwritten signature]

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2674927

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	ROTMIL, JOSEPH A	7635 W. 28TH AVE	HIALEAH FL 33016
VC	BERCOON, MARC E	3500 MAGELLAN CIR., #715	AVENTURA FL 33180
D	O'CONNELL, GERALD F	103 CLEARVIEW LN.	NEW CANAAN CT 06840
D	BEDOWITZ, STEVE	4721 TREE FERN	DELRAY BEACH FL 33445
S	MCCAGH, BETH	7635 W. 28TH AVE	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R
5355 TOWN CENTER RD., STE. 801
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

305-821-5190

Date

Daytime Phone #

CR2E040 (7/03)