

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000002538

1. Corporation Name

AONIX CORPORATION  
AONIX CORPORATION

Principal Place of Business

Mailing Address

6260 LOOKOUT RD  
BOULDER CO 80301

6260 LOOKOUT RD  
BOULDER CO 80301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1994

5. FEI Number

06-1207237

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
CD	GOES, ALEC E	10877 WILSHIRE BLVD., STE 1805	LOS ANGELES CA 90024
VCD	DIGGINS, VANCE W	6260 LOOKOUT RD	BOULDER CO 80301
VC	BAILEY, JAMES R	6260 LOOKOUT RD	BOULDER CO 80301
VPAS	<del>SMITH, KEVIN B</del> SCANLON, CATHERINE B.	6260 LOOKOUT RD	BOULDER CO 80301
PCEO	ABDO, ASHLEY	6260 LOOKOUT RD	BOULDER CO 80301
<del>VP</del> CFO	<del>PHILLIPS, ANNE P</del> DOVE, STEVEN W.	6260 LOOKOUT RD	BOULDER CO 80301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

*Cynthia L. Harris*  
Cynthia L. Harris  
as its agent  
REGISTERED AGENT MUST SIGN

Date

3/26/04

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

Date

Daytime Phone #