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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # F98000005804

1. Corporation Name

KADOX INVESTMENT INC.

2. Principal Office Address

P.O. Box 832137

Suite, Apt. #, etc.

Miami, Florida

City & State

Zip

33283

Country

U.S.A.

3. Mailing Office Address

P.O. Box 832137

Suite, Apt. #, etc.

Miami, Florida

City & State

Zip

33283

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/98

5. FEI Number

65-0864847

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

AGI Registered Agents, Inc.

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

1200 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 900

City

MIAMI

State

FL

Zip Code

33131

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

President

REGISTERED AGENT MUST SIGN

Date

1/19/01

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
PD	EDUARDO A. S. DIAZ	Calle Aguilino de la Guardia No. 8	IGRA PANAMA Republica de PA
D	MARIO A. DIAZ	Calle Aguilino de la Guardia No. 8	IGRA PANAMA Republica de PA
STD	DILIA H. De DIAZ	Calle Aguilino de la Guardia No. 8	IGRA PANAMA Republica de PA

AD

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 119.0713(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01 305 416-6800

Daytime Phone #

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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

CORPORATION REINSTATEMENT**KADOX INVESTMENT INC**

Certificate of Status	1
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