

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 20 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # G75750

1. Corporation Name  
GANDIX CORPORATION

Principal Place of Business  
2625 N HARBOR CITY BLVD  
MELBOURNE FL 32935  
US

Mailing Address  
CLINTON SQUARE  
P.O. BOX 1051  
ROCHESTER NY 14603



REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1983	
City & State		City & State		5. FEI Number 59-2373857	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	GANNETT, DIXON	5569 PENNOCK POINT RD.	JUPITER FL 33458
D	GANNETT, DIXON	5569 PENNOCK POINT RD	JUPITER FL 33458
VP	ELLIOTT W. GUMMER, JR.	P.O. Box 1051, NY	ROCHESTER, NY 14603

700002011617-7  
-11/21/96-01093-014  
\$\$\$375.00 \$\$\$375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JECK, PHILLIP C. JECK, HARRIS, JONES & KAUFMAN 1061 E. INDIAN TOWN RD. SUITE 400 JUPITER FL 33477		Name PHILLIP C. JECK JECK, HARRIS, JONES & KAUFMAN, LLP Street Address (P.O. Box Number is Not Acceptable) 1061 E. Indian Town Rd. Suite, Apt. #, Etc. Ste. 400 Jupiter State FL Zip Code 33477	

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent [Signature] REQUIRED Date 10/7/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 CHAIRMAN, OFFICER OR DIRECTOR

11/9/96 (56) 575-7453  
Date Daytime Phone