

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 30 PM 12:08

DOCUMENT # **K39376**

1. Corporation Name

**EXTRUFIX, INC.**

Principal Place of Business

7635 ASHLEY PARK CT  
SUITE F & G  
ORLANDO FL 32835  
US

Mailing Address

2457 A HIWASSEE RD S  
SUITE 147  
ORLANDO FL 32835  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

979 GANA COURT  
MISSISSAUGA, ONTARIO  
2531N9. CANADA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1988

5. FEI Number

56-1223768

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MCNERNEY, OONAGH	4125 L.B. MCLEOD RD.	ORLANDO FL

100003463451--B  
-11/15/00--01005--005  
\*\*\*\*750.00 \*\*\*\*750.00

10/26/00

8. Name and Address of Current Registered Agent

MCNERNEY, OONAGH  
2457 A HIWASSEE RD S  
SUITE 147  
ORLANDO FL 32835

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/26/00.

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN ARDILA

10/26/00

Date

Daytime Phone #

416-798-9333