

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:15

DOCUMENT # K45976

1. Corporation Name

TRENDEX CORP
7025 N.W. 52ND ST.
MIAMI, FL. 33166

2. Principal Office Address

7025 N.W. 52ND ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 1988

5. FEI Number

54-2917894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 92-04

7. Name and Address of Current Registered Agent

Name

THOMAS GONZALEZ

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

7025 N.W. 52ND ST.

Suite, Apt. #, Etc.

Suite 100

City

MIAMI

State

FL

Zip Code

33166

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

Thomas Gonzalez
REGISTERED AGENT MUST SIGN

Date 12/23/04

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
PRES.	THOMAS A. GONZALEZ	8260 S.W. 105 ST	MIAMI, FL. 33156
VP-	THOMAS F. GONZALEZ	6655 S.W. 90 CT	MIAMI, FL. 33173

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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 119.07(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:

THOMAS A. GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/04

Date

305-5923420

Daytime Phone #

CP25081 (01/04)

12/28
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