250.00
10-1-04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 AM 10:08

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000033927

1. Corporation Name

PYRONIX LLC

2. Principal Office Address		**3.** Mailing Office Address	
4005 N.W. 114TH AVENUE		4005 N.W. 114TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE #25		SUITE #25	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33178	USA	33178	USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 6/11/2003

5. FEI Number 98-0459970 ☐ 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	ROSA GARCIA 000069534750
Street Address (P.O. Box Number is Not Acceptable)	C/O PYRONIX LLC, 4005 N.W. 114TH AVE.
Suite, Apt. #, Etc.	SUITE #25
City / State / Zip Code	MIAMI / FL / 33178

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 _____ Date Jan 31 2006

REGISTERED AGENT MUST SIGN

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
M	JULIE KENNY	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166
M	STEPHEN INGRAM	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166
M	SEBASTIAN HERRERA	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166
M	PAUL WILMAN	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166
M	MARK O'DONOVAN	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166
M	CRAIG LEIVERS	4815 N.W. 17 AVE., STE. 6	MIAMI, FL 33166

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: _____ Jan 31 2006 (+44) 1709 700100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #