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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 36177

1. Corporation Name

NEUTEX CORPORATION

Principal Place of Business	Mailing Address
2550 N.W. 72nd Avenue Suite 115 Miami, FL 33122	

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

REINSTATEMENT 97.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4970 SW 72nd Ave.	1500 San Remo Ave.
Suite, Apt. # etc. Suite 109	Suite, Apt. #, etc. Suite 125
City & State Miami, FL	City & State Coral Gables FL
Zip 33155 Country USA	Zip 33146 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2717427 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	John Gugig	4970 S.W. 72 Ave., #109	Miami, FL 33155
VP/S	Salomon Baum	4970 S.W. 72 Ave., #109	Miami, FL 33155
T	Noemi Groshaus	4970 S.W. 72 Ave., #109	Miami, FL 33155

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Rodriguez, Lucie 2550 N.W. 72nd Avenue Suite 115 Miami, FL 33122	Name: Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue Suite, Apt. #, Etc.: Suite 125 City: Coral Gables State: FL Zip Code: 33146

CR2E040 (12/96)

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 _____ Date 2/1/00

REGISTERED AGENT MUST SIGN JACK FINKELMAN

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: _____ 2/1/00

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

JOHN GUGIG