


2004 FOR PROFIT CORPORATION REINSTATEMENT

10f2

DOCUMENT # P00000025515		
1. Entity Name N.D.X., INC. OF PEMBROKE PINES		

FILED

04 DEC 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2612 SAWGRASS MILLS CIRCLE SUITE 1511 SUNRISE, FL 33323	Mailing Address 2612 SAWGRASS MILLS CIRCLE SUITE 1511 SUNRISE, FL 33323
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REINSTATEMENT

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1004423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAVEL, DORIS 2612 SAWGRASS MILLS CIRCLE SUITE 1511 SUNRISE, FL 33323

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00.
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAVEL, DORIS 2612 SAWGRASS MILLS CIRCLE SUITE 1511 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12/03/04--01058--011 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Savel* 12/5/04 954-436-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

David C Silbergleit
Certified Public Accountant
7671 N.W. 23 Street
Margate, FL 33063
954-970-0330

October 25, 2004

Florida Department of State
Division of Corporations PO Box 6327
Tallahassee, FL 32314

Re: NDX, Inx

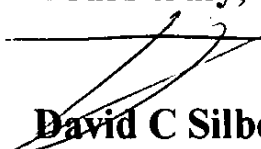
To whom it may concern:

~~Please find enclosed our check for \$150.00 for the annual~~
report on the above referenced corporation. The reason this
money is so late is that due to the untimely passing of the
owners husband and the shock it brought to the family this
renewal was just overlooked.

Please accept our sincere apologies and accept the \$150
renewal fee.

Thanking you in advance for your cooperation in this matter, I
remain

Yours truly,



David C Silbergleit
Certified Public Accountant