

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000071131

1. Corporation Name

PL3X, Inc

2. Principal Office Address

407 Lincoln Rd

Suite, Apt. #, etc.

Suite 6J

City & State

Miami Beach, FL

Zip

Country

33139

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

33139

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/26/2000

5. FEI Number

65-1027297

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

Ricardo Garrido

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

407 Lincoln Rd

Suite, Apt. #, Etc.

Suite 6J

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

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	Ricardo Garrido	240 West Park Dr., #108	Miami Beach, FL 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

305 673 5661

Daytime Phone #

CR2E081 (10/02)

js 2/14

PL3X, Inc
407 Lincoln Rd Suite 6J
Miami Beach, FL 33139
Tel-305-673-5661
Fax-305-673-0600

January 6, 2002

Department of State
Division of Corporation
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of PL3X, Inc.

Dear Department of State

This letter is to request the waiving of the late fees for the reinstatement of PL3X, Inc. This request is based on the fact that we did not receive any Annual Report form or notices for the year 2002.

Enclosed you will find a check for \$308.75. This amount includes \$300.00 for the annual fees for the years 2002 and 2003 (\$150.00) per year and \$8.75 for a certificate of status for the year 2002.

If you have any further questions or require additional information, regarding this matter, please contact me at your convenience

Very Truly yours,
PL3X, Inc



Ricardo Garrido
President