

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 AUG -9 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086956

1. Corporation Name

OX4, Inc.

2. Principal Office Address

9506 N Trask St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State

Zip  
33624

Country  
USA

Zip

Country

REINSTATEMENT

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida 9/11/2000

5. FEI Number  
593674681-

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

John Oliveira

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

9506 N Trask St.

Suite, Apt. #, Etc.

City  
Tampa

State  
FL

Zip Code  
33624

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

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
Pres	John Oliveira	9506 N Trask St.	Tampa, FL 33624

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08/23/06--01026--005 \*\*1200.00

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 contained in Chapter 119, 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

8/1/06

Date

813-264-9601

Daytime Phone #