

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02-MAR-15 PM 4:00

DOCUMENT # 00000088116

1. Corporation Name

Geografixx Inc.

2. Principal Office Address

2229 SW 15 street

Suite, Apt. #, etc.

City & State

MIAMI, FL 33145

Zip

Country

33145 USA

3. Mailing Office Address

3680 SW 25 st

Suite, Apt. #, etc.

City & State

MIAMI, FL 33133

Zip

Country

33133 USA

03-19-01 90455 005 \$150.00

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

Sept 29, 2000

5. FEI Number

65-1038857

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ihosvany Hernandez

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

2229 SW 15 street

Suite, Apt. #, Etc.

City

MIAMI

300005192983-1

-04/04/02-01067-013

****150.00 ****150.00

State

FL

Zip Code

33145

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

Ihosvany Hernandez

REGISTERED AGENT MUST SIGN

Date 2/25/02

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
CEO	Ihosvany Hernandez	2229 SW 15 Street	MIAMI, FL 33145

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:

Ihosvany Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2002 305-856-5577

Date

Daytime Phone #

CR2E081 (9/01)

February 15, 2002



GEOGRAFIXX INC.

Dear Sirs:

Thank you for your quick response. Unfortunately we have not received the ^{ANUAL} Uniform Business Report for 2001 because we have moved. Can you please send it to me?. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Ithosvany", written over a horizontal line.

Ithosvany Hernandez
President