

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109795

1. Corporation Name

PYLONFLEX INC.

Principal Place of Business

Mailing Address

12035 NE 2ND AVE STE 315A
NORTH MIAMI FL 33161

12035 NE 2ND AVE STE 315A
NORTH MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

5. FEI Number

651131051

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| DP | ROSENBERG, GABRIEL | 12035 NE 2ND AVE STE 315A | NORTH MIAMI FL 33161 |
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****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENBERG, GABRIEL
12035 NE 2ND AVE STE 315A
NORTH MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

NOV 4, 2001

11. 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

Date

Daytime Phone #

NOV 4, 2001

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TO:

KATHERINE HARRIS
SECRETARY OF STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM:

GABRIEL ROSENBERG
12035 NE 2ND AVE, SUITE 315A
MIAMI FLORIDA 33161

OBJECT: RECEPTION OF FORM 2001 ANNUAL REPORT/UNIFORM BUSINESS

DEAR SECRETARY OF STATE

WE ARE PLEASED TO CONGRATULATE THE SECRETARY OF STATE AND TO INFORM
THE DIVISION OF CORPORATIONS THAT WE HAVE NEVER RECEIVED IN THE MAIL THE
FORM 2001 ANNUAL REPORT AND BY SURPRISE WE HAVE RECEIVED THE NOTICE OF
ADMINISTRATIVE DISSOLUTION FORM...

WE WOULD LIKE TO FILE NOW WITH THE 2001 FORM AS REQUESTED. WE ARE NOW
ENCLOSING CHECK NUMBER 247 FOR THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS
(150.00) WITH THE REINSTATEMENT FORM.

SINCERLY

GABRIEL ROSENBERG
REGISTERED AGENT

Gabriel Rosenberg
Nov 4, 2001