

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CONTEXIA MANAGEMENT, INC.
P01000027891

2. Principal Office Address

8977 W SUNRISE BLVD

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

77322

Country

USA

3. Mailing Office Address

1860 N. PINE ISLAND RD

Suite, Apt. #, etc.

107

City & State

PLANTATION FL

Zip

77322

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-180

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/01

5. FEI Number

651086988

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

DAVID P. ANDRADE

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

1860 N. PINE ISLAND ROAD

Suite, Apt. #, Etc.

107

City

PLANTATION

State

FL

Zip Code

77322

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/25/06

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
<i>D</i>	<i>DAVID ANDRADE</i>	<i>1860 N PINE ISLAND RD 107</i>	<i>PLANTATION FL 77322</i>
<i>P/T</i>	<i>ANYA WONG</i>	<i>4290 MAHOGANY RIDGE DR</i>	<i>WESTON FL 77371</i>

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12/28/06--01020--014 **1050.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/25/06

Daytime Phone #

954-726-8453

K. Eckel DEC 29 2006