

PLEASE READ ALL INSTRUCTIONS* BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -4 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000075972

1. Corporation Name

Onix is Home Delivery inc.

600007734026--7
-09/13/02--01047--014
****160.00 ****160.00

2. Principal Office Address

3470 Banks Rd

Suite, Apt. #, etc.

202

City & State

Margate FL

Zip

33063

Country

Broward

3. Mailing Office Address

3470 Banks Rd

Suite, Apt. #, etc.

202

City & State

Margate FL

Zip

33063

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/02

5. FEI Number

05-112-9515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Onix Rodriguez

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

3470 Banks Rd

Suite, Apt. #, Etc.

202

City

Margate

State
FL

Zip Code

33063

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

Onix Rodriguez

REGISTERED AGENT MUST SIGN

Date 8/24/02

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
P	Onix Rodriguez	3470 Banks Rd	Margate FL 33063

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:

Onix Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/02

Date

(954) 969-1770

Daytime Phone #

CR2E081 (9/01)

**ONIX'S HOME DELIVERY
INC.**

3470 BANKS ROAD
MARGATE, FL 33063

282

August 28, 2002

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

Dear Sir or Madam:

I am writing this letter to inform you, that I never received the proper forms to reinstate the above named corporation. As a result, I had to download the forms from your website.

Sincerely,

Onix Rodriguez

Onix Rodriguez
President