

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -3 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801000087493

1. Corporation Name

AMERIX INVESTMENTS, INC

p.o.box 143729

2. Principal Office Address

p.o.box 143729

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

coral gables

City & State

Zip

33114

Country

Zip

Country

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

5. FEI Number

010681638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
abdel r tawil

Street Address (P.O. Box Number is Not Acceptable)
750 nw 72 ave

Suite, Apt. #, Etc.

City
miami

State
FL

Zip Code
33126

100043801001
01/03/05--01029--017 ***30.00

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

REGISTERED AGENT MUST SIGN

ABDEL R TAWIL

Date Dec 27, 2004

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
psd	TAWIL, MOH'D WALID	p.o.box 143729	coral gables fl 33114
d	abdel r tawil	p.o.box 143729	coral gables fl 33114

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDEL R TAWIL

Date

Dec 27, 2004 305 301 6001

Daytime Phone #

CR2E081 (01/04)

202

To department of state
Division of corp.
P.o.box 6327
Tallahassee Fl 32314

Doc.# P01000087493

AMERIX INVESTMENTS, INC.

Dear Sir/ Madam

I realized that my corporation was not renewed so I called your department and they informed me to send this letter in order to waive the penalty since I changed my mailing address, I didn't receive the renewal form for 2003.

Thank you for your time and attention and time and please accept my best regards.

Sincerely yours

M. Tawi



12/27/2004