

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P01000090103

1. Corporation Name

S.V.X., INC.

Principal Place of Business

1800 PEMBROKE DRIVE, SUITE 300
ORLANDO FL 32810

Mailing Address

1800 PEMBROKE DRIVE, SUITE 300
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 DEC 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2001

5. FEI Number

31180041

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)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

STACK, STEPHEN R

1250 MAYVIEW WAY

WELLINGTON FL 33414

300009863463

01/06/03--01040--010 **150.00

8. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ.
675 W. INDIANTOWN ROAD, SUITE 103
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/23/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2002 561-718-0400

Date

Daytime Phone #

282

Department of State
Divisions of Corporations
409 East Gaines St.
Tallahassee, FL 32399

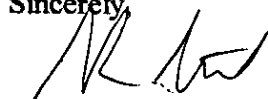
Re: Notice of Administrative Dissolution
SVX, Inc. Doc #- P01000090103
1800 Pembroke Drive Suite 300
Orlando, FL 32810

December 23, 2002

Please be advised that SVX, Inc. did not receive prior UBR notices and we have enclosed a check payable to Department of State in the amount of \$150 as instructed in the Notice of Administrative Dissolution or Revocation.

Please contact me at 561-718-0400 should you require any additional information in order to restore SVX, Inc. to 'Active' status with the State.

Sincerely,



Stephen R. Stack
Managing Partner
SVX, Inc.
561-718-0400/561-333-4793(fax)