

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

03 JAN 27 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099087

1. Corporation Name

REINEX CORPORATION

2. Principal Office Address

13701 SW 105TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

3. Mailing Office Address

13701 SW 105TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2001

5. FEI Number

01-0583909

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

Reyes, ULISES

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

13701 SW 105TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

X *Ulises Reyes*

Date X 11/21/03

REGISTERED AGENT MUST SIGN

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.D	Reyes, ULISES	13701 SW 105TH AVE	MIAMI, FL 33176

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

Date

11/19/02

Daytime Phone #

CR2E081 (9/01)

21 1125