

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 24 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300023558703
10/06/03--01002--019 **750.00

REINSTATEMENT 03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042340

1. Corporation Name

Onyx Holdings, Inc.

2. Principal Office Address

5638 Wellesley Park
Drive

3. Mailing Office Address

5638 Wellesley Park
Drive

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

#204

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

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

4/19/02

5. FEI Number

75-3046551

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

Cort Poyner

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

5638 Wellesley Park Drive, #

Suite, Apt. #, Etc.

#204

City

Boca Raton

State

FL

Zip Code

33433

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

Date 9/23/03

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/S/D	Cort Poyner	5638 Wellesley Park Drive, #204	Boca Raton, FL 33433

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

9/23/03

Date

Daytime Phone #

(561) 620-4866

9/24

CR2E081 (10/02)