PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 07

800024185258
10/28/03--01004--028 **150.00

DOCUMENT # P02000061246

1. Corporation Name

SEVEN X ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10709 KITTEN TRAIL HUDSON FL 34669	10709 KITTEN TRAIL HUDSON FL 34669

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/03/2002

5. FEI Number: 30-0090129 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BONFIGLIO, ANTHONY	10709 KITTEN TRAIL	HUDSON FL 34669

8. Name and Address of Current Registered Agent

BONFIGLIO, ANTHONY
10709 KITTEN TRAIL
HUDSON FL 34669

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

CR2E040 (7/03)

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 _____ Date 10-16-03
REGISTERED AGENT MUST SIGN

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: _____ ANTHONY BONFIGLIO 10-16-03 727-919-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Seven X Enterprises, Inc.
10709 Kitten Trail
Hudson, FL. 34669
(727) 919-2121

October 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314

Re: Document # P02000061246

To Whom It May Concern:

Please be advised that the above mentioned corporation did not receive any prior uniform business report (UBR) previous to the receipt of the "Certificate Of Administrative Dissolution Or Revocation". Therefore, it is the respectful request of this corporation that the reinstatement fee be waived and that the enclosed check in the amount of $150.00 be considered payment in full for the filing fee. Also please find enclosed the completed application for reinstatement pursuant to the instructions listed on this notice.

Thank you for your attention in this regard. If I can be of any further assistance to you, please contact me at the telephone number provided above.

Sincerely,

ANTHONY BONFIGLIO (owner: seven x enterprises, inc.)