PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 22 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067152

1. Corporation Name
Hexagon Corporation

03-05

Reborts JUN 22 2005

2. Principal Office Address		3. Mailing Office Address	
30 Andrews Avenue		30 Andrews Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Delray Beach, FL		Delray Beach, FL	
Zip	Country	Zip	Country
33483	Palm Beach	33483	Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 6/18/02

5. FEI Number 56-2403143 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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 J. D. REGISTERED AGENT MUST SIGN Jeanine Reynolds as its agent Date 6-22-05

CR2E081 (9/05)

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
DP	Roberto Nieto, Jr.	30 Andrews Avenue	Delray Beach, FL 33483
DS	Martha Nieto	30 Andrews Avenue	Delray Beach, FL 33483
T	Esperanza Nieto	30 Andrews Avenue	Delray Beach, FL 33483

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: Roberto Nieto, Jr. 6/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HEXAGON CORPORATION

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,058.75

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