

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 10:14

DOCUMENT # *P02000083414*

1. Corporation Name

*AXA OFFICE, INC.*

2. Principal Office Address

*1890 N.W. 67th Avenue*

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite #203*

City &amp; State

*Miami Lakes, FL*

City &amp; State

Zip

*33015*

Country

*USA.*

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required  
for a Certificate of StatusREINSTATEMENT *03-05*

## 7. Name and Address of Current Registered Agent

Name

*DAVID MAYOR*

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

*13366 NW 16 St.*

Suite, Apt. #, Etc.

City

*Pembroke Pines*

State

*FL*

Zip Code

*33025*

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*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*3/2/05*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip               |
|----------|--------------------------------------|---|----------------------------------|
| <i>P</i> | <i>MIKE FRASER</i>                   | <i>1890 N.W. 67th Avenue</i>                      | <i>#203 MIAMI LAKES FL 33015</i> |
|          |                                      |   |                                  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |

400058200854

08/08/05--01051--001 \*\*450.00

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)(f), 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

Daytime Phone #

CR12051 (0/04)

July 18,2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attention: Gary Blankenbaker.


Re: Document #P02000083414

As per your conversation with our office manager/secretary, we are enclosing our check for Four Hundred and Fifty Dollars (\$450.00) and the reinstatement application for **AXA OFFICE, INC.**  
18590 N.W. 67<sup>TH</sup> Avenue, Suite 203, Miami Lakes, Florida 33015.

We are sorry for the delay in reinstating this corporation. This resulted because we relocated and did not receive the form /card in a timely manner. It would also be appreciated if all other fees could be waived.

Sincerely,

**AXA OFFICE, INC.**



Mike Fraser,  
President.

MF/mm

Enclosures: 1. Check  
2. Reinstatement Application