

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000101607

1. Entity Name
FLOMEX INVESTMENTS CORP.



Principal Place of Business
21055 NE 37 AVE #804
AVENTURA, FL 33180

Mailing Address
21055 NE 37 AVE #804
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address
2875 NE 191ST
801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
AVENTURA FL

Zip

Country

Zip
33180

Country

USA

04262005 REIN-P CR2E098 (6/04)

4. FEI Number
APPLIED FOR 20-2738816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ
TURNBERRY PLAZA STE 801
2875 NE 191 ST
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DANIEL J. SERBER

(NOTE: Registered Agent signature required when reinstating)

05/31/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LEVY, SANTIAGO
STREET ADDRESS 21055 NE 37 AVE #804
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700055988457
CITY-ST-ZIP 06/10/05--01003--005 **\$300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO LEVY

Date

04/26/05

Daytime Phone #

(305) 932-6262