

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 OCT 27 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 803000045513

1. Corporation Name

Pyhex Ventures, Inc.

2. Principal Office Address

7345 Sand Lake Road

Suite, Apt. #, etc.

Suite 411

City & State

Orlando, FL

Zip

32819

Country

U.S.A.

3. Mailing Office Address

7345 Sand Lake Rd.

Suite, Apt. #, etc.

Suite 411

City & State

Orlando, FL

Zip

32819

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/2003

5. FEI Number

32-0075589

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

Rodolfo A. Ganna

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

6246 Donegal Drive

Suite, Apt. #, Etc.

City

Orlando FL, 32819

State

FL

Zip Code

32819

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

10/16/2006

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
President	Rodolfo A. Ganna	6246 Donegal Dr.	Orlando, FL 32819
		B. 10/20/04	500081074396 10/20/05--01057--003 **1050.00
		04-06	

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 contained in Chapter 119, 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

10/16/2006

Date

(407) 352-8912

Daytime Phone #