

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 PM 2:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD300DD59148

1. Corporation Name

AXIS DESIGN, INC.

2. Principal Office Address

9848 NW 2ND COURT

Suite, Apt. #, etc.

3. Mailing Office Address

9848 NW 2ND COURT

Suite, Apt. #, etc.

City & State

Plantation

Zip

33324

Country

City & State

Plantation

Zip

33324

Country

REINSTATEMENT

04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Alex Gonzalez

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

9848 NW 2ND COURT

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Alex Gonzalez
REGISTERED AGENT MUST SIGN

Date

10/27/04

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
<u>P</u>	<u>Alex Gonzalez</u>	<u>9848 NW 2ND COURT</u>	<u>Plantation FL 33324</u>
<u>VP</u>	<u>CAROLINA GONZALEZ</u>	<u>9848 NW 2ND COURT</u>	<u>Plantation FL 33324</u>

100042755054
11/19/04--01074--003 **150.00

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)(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:

Alex Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

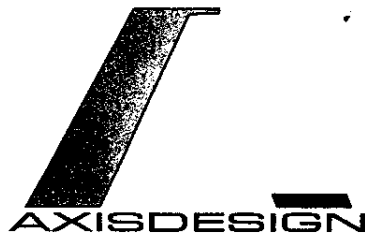
10/27/04

Daytime Phone #

954-263-5001

1119aw

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10-14-04

Florida Department Of State

Secretary of State
Glenda E. Hood
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Document#P03000059148

AXIS DESIGN, INC.
9848 NW 2nd Court
Plantation, Fl. 33324

954-263-5001

My accountant has just notified me if I've received any documentation regarding my corporation, which is under AXIS DESIGN INC. As of yet, I have not received any documentation in the mail regarding this matter. My accountant has now advised me to send a payment of \$150.00 for the renewal of AXIS DESIGN INC. Enclosed you will find payment for the renewal process and if there is any questions regarding this matter you may contact me at the phone number provided above.

Thank you

Alex Gonzalez
Creative Director
Axis Design, Inc

AXIS DESIGN