

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000131179

1. Entity Name
SYBRIX, INC.



Principal Place of Business
7469 RED CRANE LN
JACKSONVILLE, FL 32256

Mailing Address
7469 RED CRANE LN
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #
12077 Marldon Ln
Suite, Apt. #, etc.

3. Mailing Address
12077 Marldon Ln
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32258 Country US

City & State
Jacksonville, FL
Zip 32258 Country US

4. FEI Number
20-0429987

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID
7469 RED CRANE LN
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name David Smith
Street Address (P.O. Box Number is Not Acceptable)
12077 Marldon Ln
City Jacksonville FL Zip Code 32258

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/28/07

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, DAVID
STREET ADDRESS P.O. BOX 19022
CITY-ST-ZIP JACKSONVILLE, FL 32245 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SMITH, DAVID
STREET ADDRESS 12077 Marldon Ln
CITY-ST-ZIP Jacksonville, FL 32258 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200113516972
12/31/07--01018--019 **750.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/07 904 535-8785

FILED
07 DEC 31 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007