


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR -5 PM 3:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149412

1. Corporation Name

DirectXConnect, Inc.

500091534665
03/07/07--01004--021 **1050.00

REINSTATEMENT 04-07

07/20/04 90002 043 \$150.00
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1499 Northern Neck Drive

3. Mailing Office Address
1499 Northern Neck Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vienna, VA

City & State
Vienna, VA

Zip
22182

Country
U.S.

Zip
22182

Country
U.S.

4. Date Incorporated or Qualified
To Do Business In Florida Dec. 11, 2003

5. FEI Number
20-0482272

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
Sylvain Vaillancourt

Street Address (P.O. Box Number is Not Acceptable)
2301 Collins Avenue

Suite, Apt. #, Etc.
Apt. 619

City
Miami Beach

State
FL

Zip Code
33139

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Jan 30, 07

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
Chairman	Fadi Hallak	1499 Northern Neck Drive	Vienna, VA 22182
P	Nemr Hallak	4200 St-Laurent Blvd.	Montreal, QU H2W2R2 Canada
D	Sylvain Vaillancourt	2301 Collins Ave, #619	Miami Beach, FL 33139

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

Jan 30, 07

305 215 8195