2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000019673

FIGUEROA, CHRISTY

MIAMI, FL 33187

18125 SW 148 AVE RD

Name:

Address:

City-St-Zip:

Entity Name: FYVEX INTERNATIONAL CORP.

FILED Sep 30, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:	
2450 S MII #10	LITARY TRAIL	-		
	LM BEACH, F	L 33415		
Current N	lailing Addre	ss:	New Mailing Address:	
	LITARY TRAIL	-		
#10 WEST PA	LM BEACH, F	L 33415		
FEI Number	: 30-0379800	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:	
2450 S MII #10	A, CHRISTY LITARY TRAIL LM BEACH, F			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE: CHRIST	Y FIGUEROA		
	Electro	nic Signature of Registered Age	ent	Date
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (FIGUEROA, A 18125 SW 14 MIAMI, FL 33	8 AVE RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VELLOJIN, TA DIAGONAL 17) Delete IRO S 7 #65-73 CONJUNTO SAN FELIPE VARIA, BOGOTA COL,	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VELLOJIN, AN DIAGONAL 17) Delete IGELO 7 #65-73 CONJUNTO SAN FELIPE VARIA, BOGOTA COL,	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	S () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTY FIGUEROA S 09/30/2009