

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -2 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000045864**

1. Corporation Name

Mitronix Corp

2. Principal Office Address - No P.O. Box #

6134 Reynolds ST
Suite, Apt. #, etc.

3. Mailing Office Address

6134 Reynolds ST
Suite, Apt. #, etc.

City & State

WPB, FL

City & State

WPB, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

REINSTATEMENT
CR2E08T (1/07) **06-07**

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-2597904

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: Milton Hernandez

Street Address (P.O. Box Number is Not Acceptable)
6134 Reynolds ST
Suite, Apt. #, Etc.

City: WPB, FL

State: FL

Zip Code: 33411

☒ **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**

Date: 10-1-7

REGISTERED AGENT MUST SIGN

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 | Milton Hernandez | 6134 Reynolds ST | WPB, FL 33411 |
| | | | |
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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

Hernandez Mitronix 10-1-7 561-502-1960

Date

Daytime Phone #

G. Machel OCT 2 2007