

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -1 PM 12: 05

DOCUMENT # P05000050981

1. Corporation Name

BIXRAY, INC.

2. Principal Office Address - No P.O. Box #  
7000 ISLAND BLVD

3. Mailing Office Address  
7000 ISLAND BLVD

Suite, Apt. #, etc.  
#802

Suite, Apt. #, etc.  
#802

City & State  
AVENTURA FL

City & State  
AVENTURA FL

Zip Country  
33160 USA

Zip Country  
33160 USA

800161234008 KS  
10/01/09--01006--010 \*\*450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business In Florida 04/06/2005

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  
MIGUEL A. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)  
C/O 8500 WEST FLAGLER STREET

Suite, Apt. #, Etc.  
SUITE: B-208

City  
MIAMI

State Zip Code  
FL 33144

☒ 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 09-24-09

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
PD	JOSE E. MARQUEZ	7000 ISLAND BLVD #802	AVENTURA FL 33160
VP	LEONARDO J. MARQUEZ	7000 ISLAND BLVD #802	AVENTURA FL 33160
T	MARIA G. MARQUEZ	7000 ISLAND BLVD #802	AVENTURA FL 33160
D	MARLENE C. RODRIGUEZ	3800 SAN SIMEON CIR	WESTON FL 33331

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

09-25-09

Date

Daytime Phone #