

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -2 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000120892

1. Corporation Name

CELLTEX, INC.

600111639576
11/02/07--01031--010 **308.75

REINSTATEMENT

06-07

CRZE081 (1/07)

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

349 JEFFERSON AVENUE

3. Mailing Office Address

349 JEFFERSON AVENUE

Suite, Apt. #, etc.

SUITE #8

Suite, Apt. #, etc.

SUITE #8

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/05

5. FEI Number

68-0614432

☒ 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
PATRICIA H. GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)
349 JEFFERSON AVENUE

Suite, Apt. #, etc.
SUITE #8

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

Patricia H. Gutierrez
REGISTERED AGENT MUST SIGN

Date **10/31/07**

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
Chairperson	PATRICIA H. GUTIERREZ	349 JEFFERSON AVENUE	Miami Beach, FL 33139
President & CEO	KYLE FISHER	10129 Colonial CC Blvd. #1501	Fort Myers, FL 33913

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

Patricia H. Gutierrez
Patricia H. Gutierrez

Date

10/31/07

Daytime Phone #

305-742-9525

11/7 au