

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000052807**

1. Corporation Name

CORPCENTRIX, INC.

800163379058
12/28/09--01039--011 **308.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 111 SECOND AVE NE		3. Mailing Office Address 111 SECOND AVE NE	
Suite, Apt. #, etc. STE 350		Suite, Apt. #, etc. STE 350	
City & State ST PETERSBURG, FL		City & State ST PETERSBURG, FL	
Zip 33701	Country USA	Zip 33701	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida **4-12-2006**

5. FEI Number
204762968

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 MILLER, FRANK W III		
Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVE NE		
Suite, Apt. #, Etc. STE 350		
City ST PETERSBURG	State FL	Zip Code 33701

☒ 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 **12/16/09**

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
D	MILLER, FRANK W III	111 SECOND AVE NE, STE 350	ST PETERSBURG, FL 33701
D	FORD, EDWARD	111 SECOND AVE NE, STE 350	ST PETERSBURG, FL 33701

10. E-mail Address: **FMILLER@RESPONSIVESOLUTIONS.COM**

(To be used for future annual report notification)

11. 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, I further certify, 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:

FRANK W. MILLER

12/16/09

727-432-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #