

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -1 PM 12:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000048974

1. Corporation Name

PLAYBOX, INC

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

14631 BALGOWAN RD

3. Mailing Office Address

14645 SW 173 ST

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

MIAMI, FL

Zip

33016

Country

Zip

33177

Country

700192154367
01/21/11--01050--017 **300.00
CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **06/04/2009**

5. FEI Number

27-0322217

☐ 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

HERNANDEZ JOSE

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

14631 BALGOWAN RD

Suite, Apt. #, Etc.

106

City

MIAMI LAKES

State

FL

Zip Code

33016

700192154367
02/01/11--01023--016 **600.00

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

Jose Hernandez

Date **01/19/2011**

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
P	JOSE HERNANDEZ	14631 BALGOWAN RD	MIAMI LAKE, FL. 33016

B 2/2/11

REINSTATEMENT 10-11

10. E-mail Address: **mirna_diaz27@hotmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Jose Hernandez

01/19/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #