

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2016 APR 27 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10000083720

1. Corporation Name

SNX INC

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

6754 NW 182nd Street

Suite, Apt. #, etc.

#104

City & State

HALEAH, FL

Zip

33015

Country

DADE

3. Mailing Office Address

6754 NW 182nd Street

Suite, Apt. #, etc.

#104

City & State

HALEAH, FL

Zip

33015

Country

DADE

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/2010

5. FET Number

27-3670877

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

SALIM N. VALLIANI

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

6754 NW 182nd Street

Suite, Apt. #, Etc.

#104

City

HALEAH

State

FL

Zip Code

33015

600285101096  
04/27/16--01023--020 \*\*750.00

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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 04/18/16

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

10. E-mail Address: MAURICIO @ UEIVACPA.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALIM N. VALLIANI

04/18/16

Date

786-285-2447

Daytime Phone #