

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 20 AM 2:30

DOCUMENT # P12000031730

1. Corporation Name

RAXMEDICAL, INC.

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

440 Poinciana Island Drive

Suite, Apt. #, etc.

3. Mailing Office Address

440 Poinciana Island Drive

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

Country

33160-4534 USA

Zip

Country

33160-4534 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03-29-2012

5. FEI Number

90-0823656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Safwat Fahim

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

440 Poinciana Island Drive

Suite, Apt. #, Etc.

City

Sunny Isles Beach

State

FL

Zip Code

33160-4534

300290404893
09/20/16--01011--004 **1208.75

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 9/15 - 2016

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	Fahim, Safwat	440 Poinciana Island Drive	Sunny Isles Beach, FL 33160-4534
V	Fahim, Safwat	440 Poinciana Island Drive	Sunny Isles Beach, FL 33160-4534
S	Fahim, Safwat	440 Poinciana Island Drive	Sunny Isles Beach, FL 33160-4534
T	Fahim, Safwat	440 Poinciana Island Drive	Sunny Isles Beach, FL 33160-4534
D	Fahim, Safwat	440 Poinciana Island Drive	Sunny Isles Beach, FL 33160-4534

10. E-mail Address: safwat@raxtechnology.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

- 2016 1-416-717-8304

Date

Daytime Phone #