

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 AUG 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99200012891

1. Corporation Name
DAX INTERNATIONAL INC.

Principal Place of Business Mailing Address
 18840 S. DIXIE HWY
 MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0375736	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JERRY BLOHM	7849 SW 12 ST	MIAMI FL 33156
V	GRAYLAN FRANKLIN	16410 SW 77 AVE	MIAMI FL 33157

REINSTATEMENT 000002277290-9
 -08/26/97--01036--003
 ***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		Robert C. HIBNER	
Street Address (P.O. Box Number is Not Acceptable)		7600 Red Road	
Suite, Apt. #, Etc.		Suite 211	
City	State	Zip Code	
South Miami	FL	33143	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Robert C. Hibner

REGISTERED AGENT MUST SIGN

Date May 28, 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Graylan Franklin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97 (305) 238-0134
 Date Daytime Phone #

CR2040 (12/96)