


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OVER REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000082658**

1. Corporation Name

DYNAMIX CORPORATION

Principal Place of Business

2020 W. FAIRBANKS AVE.
101
WINTER PARK FL 32789
US

Mailing Address

2020 W. FAIRBANKS AVE.
11
WINTER PARK FL 32789
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1993

5. FEI Number

59-3279339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PT	NAVTEJ S. KHALSA	1909 B ALOMA AVE	WINTER PARK FL 32792

100004695201--5
-11/27/01--01051--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

KHALSA, NAVTEJ S
C/O DYNAMIX CORPORATION, SUITE 101
2020 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Navtej S. Khalsa
REGISTERED AGENT MUST SIGN

Date

10/23/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01

DYNAMIX CORPORATION
2020 W. FAIRBANKS AVE., #101
WINTER PARK, FL 32789
407-971-3099 Phone

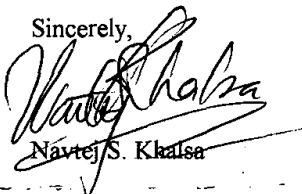
October 22, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of Corporation P93000082658

Per our conversation with your department, please find attached check #3880 for \$150.00. We had initially sent in check #3759 for \$150 in May 2001. We had mailed the check with the Renewal form and did not hear anything back until we received the letter of dissolution. We do not want to dissolve the corporation. Your staff said even though we had sent the earlier check, we should go ahead and sent in another check for \$150.00. Please find attached check and renew the corporation. We had renewed it every year with no problems and did not anticipate that anything was wrong until we received your letter. We would appreciate your cooperation pertaining this matter. Thank you.

Sincerely,


Navtej S. Khalsa