PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ABSORBED AND FILED

00 AUG 18 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P94000053975

1. Corporation Name

Fenix Worldwide, Corp.

Principal Place of Business / Mailing Address

100 Bay View Drive, #1028
N.Miami Beach, Fla. 33160

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 7/21/1994

5. FEI Number 65-05-09889 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certified Copy of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	George Gandelman	100 Bay View Drive	NMB Fla. 33160
V.P	Isabel Gandelman	100 Bay View Drive	NMB Fla. 33160

REINSTATEMENT

-08/23/00--01028--008
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

George Gandelman
100 Bay View Drive #1028
N. Miami Beach, Fla. 33160

9. Name and Address of New Registered Agent

Name: George Gandelman
Street Address (P.O. Box Number is Not Acceptable): 100 Bay View Drive #1028
Suite, Apt. #, Etc.: #1028
City: N. Miami Beach State: FL Zip Code: 33160

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: [signature] Date: 8/17/2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 the 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] 8/17/2000 (305)948-5033
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date (Daytime Phone #)