

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045009**

1. Corporation Name

ACCORDEX INC.

Principal Place of Business

12201 S.W. 94TH STREET
MIAMI FL 33186-1913

Mailing Address

12201 S.W. 94TH STREET
MIAMI FL 33186-1913

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

06/06/1995

5. FEI Number

65-0590879

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HUNG, CAROLINA	12201 S.W. 94TH STREET	MIAMI FL 33186
V	HUNG, ELISA L	12201 S.W. 94TH STREET	MIAMI FL 33186

600024411726

11/04/03-01045-008 **158.75

8. Name and Address of Current Registered Agent

HUNG, ELISA L
12201 S.W. 94TH STREET
MIAMI FL 33186-1913

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/30/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELISA HUNG, VP

Date

10/30/03 (305) 812-3724

Daytime Phone #

CR2E040 (7/03)

12201 SW 94th Street
Miami, FL 33186-1913
October 30th, 2003

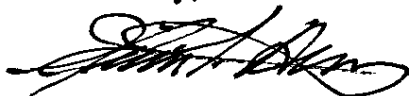
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Corporation Reinstatement Officer:

I hereby state that Accordex Inc. did not receive the two previous uniform business report (UBR) notices. Please waive the applicable reinstatement fee and process this registration form along with the attached payment.

Please feel free to contact me at (305) 812-3724, should you have any questions regarding this payment. Thank you.

Cordially,



Elisa L. Hung
Vice President
Accordex Inc.