

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000179474250
04/30/10--01057--025 **1200.00

DOCUMENT #

1. Corporation Name

Reflex Design, Inc.

#P95 000045573

REINSTATEMENT 07-10

CR2E081 (4/10)

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

5219 NW 33rd AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL.

City & State

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2003

5. FEI Number

650664692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Smith

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

5219 NW 33rd AVE.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33309

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

J. Smith

REGISTERED AGENT MUST SIGN

Date 4-28-2010

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
President	Jeffrey Smith	5219 NW 33 rd AVE.	Ft. Lauderdale, FL. 33309
Vice President	John Payne	5219 NW 33 rd AVE.	Ft. Lauderdale, FL. 33309
Secretary	Michelle Smith	5219 NW 33 rd AVE.	Ft. Lauderdale, FL. 33309

205/5

10. E-mail Address: msmith@reflexdesigninc.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., 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.

SIGNATURE:

Michelle Smith

Michelle Smith

4-28-2010

954-818-2356 C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #