

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

FILED  
05 APR 11 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000009335**

1. Corporation Name  
**ANALYTIX, INC.**

2. Principal Office Address  
**4 JENNIFER CIRCLE**

Suite, Apt. #, etc.

City & State  
**INDIALANTIC FL**

Zip  
**32903**

Country  
**USA**

3. Mailing Office Address  
**4 JENNIFER CIRCLE**

Suite, Apt. #, etc.

City & State  
**INDIALANTIC FL**

Zip  
**32903**

Country  
**USA**

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida **1/26/1996**

5. FEI Number  
**593369431**

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  
**DOUGLAS MARKS**

Street Address (P.O. Box Number is Not Acceptable)  
**709 S. HARBOR CITY BLVD**

Suite, Apt. #, Etc.  
**SUITE 230**

City  
**MELBOURNE**

State  
**FL**

Zip Code  
**32901**

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

Date **3/31/2005**

REGISTERED AGENT MUST SIGN

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
D	LEO LEMONIDIS	4 JENNIFER CIR	INDIALANTIC FL 32903

000051349030  
04/20/05--01007--015 \*\*450.00

10. 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

3/31/2005

Date

321-728-7804

Daytime Phone #

CR2E081 (01/05)

2 of 2

Leonidas Lemonidis  
Analytix, Inc  
4 Jennifer Cir  
Indialantic, FL 32903  
April 7, 2005

Division Of Corporations  
P.O. Box 6237  
Tallahassee, FL 32314-6237

To Whom It May Concern:

I, Leonidas Lemonidis, certify that I did not receive the Annual Report Form for Analytix, Inc. that was mailed annually after 2003. Therefore I qualify for reinstatement without paying the additional penalty for not filing an annual report. I am enclosing a check for \$450 for the missed annual reports.

Sincerely,



Leonidas Lemonidis  
President  
Analytix, Inc