PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97-98AR

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

FILED
98 JUN 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028665

1. Corporation Name: PRAXIS ENTERPRISES INC

Principal Place of Business: 4163 SW 67th Ave APT 204C DAVIE FL 33314

Mailing Address: 4163 SW 67th Ave APT 204 C DAVIE FL 33314

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: 4/2/96

5. FEI Number: 65-0664910 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BARROS, OSCAR	4163 SW 67th Ave APT 204 C	DAVIE FL 33314

900002570199--7
-06/23/98--01090--030
****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: OSCAR BARROS
Street Address (P.O. Box Number is Not Acceptable): 4163 SW 67th Ave APT 204 C
Suite, Apt. #, Etc.
City: DAVIE | State: FL | Zip Code: 33314

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: OSCAR BARROS
REGISTERED AGENT MUST SIGN
Date: June, 15 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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.

6/19/98

SIGNATURE: OSCAR BARROS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 1998 (954) 583-0346
Date | Daytime Phone #