

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000057973**

1. Corporation Name

AURUMEX, INC.

Principal Place of Business

36 NE 1 ST
STE 937
CORAL GABLES FL 33134

Mailing Address

36 NE 1 ST
STE 937
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

36 NE 1 ST
901
MIAMI, FL
33132 Country

3. New Mailing Office Address, If Applicable

36 NE 1 ST
901
MIAMI, FL
33132 Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1996

5. FEI Number

65-0681199

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DV	CHAO, JOHN A	829 ALBERCA STREET	CORAL GABLES FL 33134

000025029610
11/25/03 01045 002 **150.00

8. Name and Address of Current Registered Agent

CHAO, JOHN A
999 BRICKELL BAY DR 801
FOUR AMBASSADORS
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **John A. Chao**
Street Address (P.O. Box Numbers Not Acceptable) **999 Brickell Bay Drive**
Suite, Apt. #, Etc. **# 801**
City **Miami** State **FL** Zip Code **33131**

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

REGISTERED AGENT MUST SIGN

Date

OCT, 14, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

786-5474959
Daytime Phone #

CR2E040 (7/03)

2 of 2

Miami, October 31, 2003

Florida Department of State
Division of Corporations
Tallahassee, FL.

Re: Aurumex, Inc.
Document P96000057973

Dear Sir:

We received a notice for reinstatement for our Corporation for the year 2003, because it was not renewed on time.

We would like inform to you that we never received the form to file the Corporation Annual Report. As you see in your Reinstatement Application Form, the address has an error and was sent to Coral Gables city, instead of Miami City that is the correct address.

We are begging that you take into account this computer error in the Form and accept the payment fees in the amount of \$150.00 for the reinstatement of our Corporation for the year 2003.

Sincerely,

AURUMEX, INC.


John A. Chao
President

36 N.E. 1 St.
Suite # 901
Miami, FL. 33132