

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 NOV 28 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000069088

**1. Corporation Name**

INX TECHNOLOGY CORPORATION

**2. Principal Office Address**

905 Janmar Ct.

**3. Mailing Office Address**

905 Janmar Ct

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

U.S.

Zip

34711

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/20/1996

**5. FEI Number**

58-2260681

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

DWAYNE DUNDORE

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

11522 AUDUBOND LANE

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

**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

23 MAR 01

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
PD	DWAYNE DUNDORE	11522 AUDUBOND LANE	CLERMONT, FL 34711

**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:**

DWAYNE DUNDORE, PRES.

(352) 243-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #