

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000096338

1. Corporation Name

FORTEX INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. STE. 101 CORAL GABLES FL 33134	3211 PONCE DE LEON BLVD. STE. 101 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	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/26/1996
5. FEI Number	59-3409607
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	<del>STENSTROM, CRISTIAN G</del>	<del>363 GRANILLO AVENUE</del>	<del>CORAL GABLES FL 33146</del>
D	Stenstrom, Cristian G.	3211 Ponce de Leon Blvd. 101	Coral Gables FL 33134
			700004669227--6
			-11/06/01-01064-018
			****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRANT, BARRY M ONE SOUTHEAST THIRD AVENUE 15TH FLOOR MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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 *Barry M Brant* **SIGNATURE REQUIRED** Date *10/16/01*

REGISTERED AGENT MUST SIGN

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: *Cristian Stenstrom* **SIGNATURE REQUIRED** Date *10/16/01* 305 216 7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

Coral Gables October 12, 2001

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

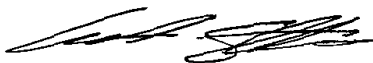
Ref.: Fortex International Corporation

To whom it may concern,

I am writing to you with regards Fortex International Corporation. Today I received in the mail from your office a notice that this company has been terminated for failure to file the necessary documentation. I do not recall having received a previous notice from your office regarding this matter, and have therefore been unaware about this situation.

In speaking with one of your agents today I was recommended to write a letter stating my situation and kindly requesting that you accept my check for \$150.00 in order to reinstate Fortex International Corporation, which I am now doing.

Should you have any questions, please do not hesitate to contact me at 305-216-7877.



Regards

Cristian Stenstrom  
Owner Fortex International Corporation