

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
at the line
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 AM 9:05

DOCUMENT # **P97000010144**

1. Corporation Name

RONIX ENTERPRISES, INC.

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

STE. 2244

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

STE. 2244

City & State

MIAMI, FL

Zip

33132

Country

USA

06/08/00 90030 006 9150

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/1997

5. FEI Number

65 0731258

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

HARUN RONI MIZRAHI

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

1717 N. BAYSHORE DR. #

Suite, Apt. #, Etc.

STE. 2244

City

MIAMI

State

FL

Zip Code

33132

700004627277-2

-10/08/01--01077-001

******150.00 **** 50.00**

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

REGISTERED AGENT MUST SIGN

Date

9/26/2001

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
PRES.	H. R. MIZRAHI	1717 N. BAYSHORE DR. #2244	MIAMI, FL 33132
			SP

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

HARUN R. MIZRAHI

Date

9/26/01

Daytime Phone #

(786) 425 3604

CR2E081 (8/00)

9/26/2001

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32314

Re: 65 0731258 , Ronix Enterprises, Inc., reinstatement request

Dear Sirs,

On April 2000 I've mailed a check for \$150 and enclosed with it a request for address change. Since then I've never received any mail from the Division.

I've learned a few days ago, due to coincidental browsing on the internet, that the corporation is no longer active. The file date was 9/22/00. After inquiring with the division I've learned that the check was cashed on 6/13/00. It is obvious to me that the inactivation was due to a mistake.

Since I have not received any mail I have not paid the 2001 fees, which I would like to do now with the enclosed check for \$150.

Considering the above mentioned facts, I would kindly like to ask you to waive any late fees and reinstate the corporation with the amended address.

Sincerely,

Harun R. Mizrahi



Ronix Enterprises, Inc.