

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

90 MAR 25 11 01 AM '97

REINSTATEMENT

DOCUMENT # P97000024239

1. Corporation Name

INLUX CORPORATION

Principal Place of Business

Mailing Address

4687 POND APPLE DRIVE
NAPLES FL 34110

4687 POND APPLE DRIVE
NAPLES FL 34110



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

2. New Principal Office Address, If Applicable
125 N. Airport Rd.

Suite, Apt. #, etc.
Suite 202

City & State
Naples, Florida

Zip
34104

Country
USA

3. New Mailing Office Address, If Applicable
125 N. Airport Rd.

Suite, Apt. #, etc.
Suite 202

City & State
Naples, Florida

Zip
34104

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1997

5. FEI Number
59-3445293

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DAVIS, JAMES	4687 POND APPLE DRIVE 125 N. Airport Rd. Suite 202	NAPLES FL 34110 Naples, Florida 34014

700002832177-9
-04/07/99--01071--016
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, JAMES

4687 POND APPLE DRIVE
NAPLES FL 34110

125 N. Airport Rd.
Suite 202
Naples, Florida 34104

Name

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

Address Change
Suite, Apt. #, Etc

City

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 3/22/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILER OR DIRECTOR

3/22/99
Date

1441263 2177
Daytime Phone #