

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -3 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000037848**

**1. Corporation Name**

Pexion, Inc.

**2. Principal Office Address**

184 Village Boulevard

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

Country

US

**3. Mailing Office Address**

4420 Beacon Circle

Suite, Apt. #, etc.

Suite 100

City & State

West Palm Beach

Zip

Country

33407

US

**REINSTATEMENT**

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

04/28/97

**SP**

**5. FEI Number**

65-0830119

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

Philip H. Ward, III

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

4420 Beacon Circle

Suite, Apt. #, Etc.

Suite 100

City

West Palm Beach

400003533584-9  
-01/11/01--01100--006  
\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

33407

**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 1-27-00

**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
P	Lingjaerde, Tor	184 Village Boulevard	Jupiter, FL 33458
V.P.	Ward III, Philip H.	4420 Beacon Circle, #100	West Palm Beach, FL 33407

**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

Dec 7, 2000 561-892-3000

Date

Daytime Phone #

CR2E081 (9/99)