

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000070542

1. Entity Name  
N.D.X., INC.



FILED  
04 DEC 27 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2612 SAWSPARS MILL RD #1511  
SUNRISE, FL 33323

Mailing Address  
2612 SAWSPARS MILL RD #1511  
SUNRISE, FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

65-0775295

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVEL  
DORIS  
1150 E. HALLANDALE BEACH BLVD.  
SUITE A  
HALLANDALE, FL 33009

Name Doris SAVEL

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SAVEL, DORIS  
STREET ADDRESS 2612 SAWGRASS MILLS CR #1511  
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME SAVEL, SCOTT  
STREET ADDRESS 4403 KING PALM DRIVE  
CITY-ST-ZIP TAMARAC, FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

200043306822  
12/09/04--01058--012 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Savel - Doris Savel

12/5/04

954 436 7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

David C Silbergleit  
Certified Public Accountant  
7671 N.W. 23 Street  
Margate, FL 33063  
954-970-0330

\* Do Not Detach \*

October 25, 2004

Florida Department of State  
Division of Corporations PO Box 6327  
Tallahassee, FL 32314

Re: NDX, Inc

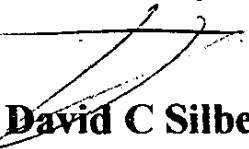
To whom it may concern:

Please find enclosed our check for \$150.00 for the annual report on the above referenced corporation. The reason this money is so late is that due to the untimely passing of the owners husband and the shock it brought to the family this renewal was just overlooked.

Please accept our sincere apologies and accept the \$150 renewal fee.

Thanking you in advance for your cooperation in this matter, I remain

Yours truly,



David C Silbergleit  
Certified Public Accountant