

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 24 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000076915**

**1. Corporation Name**

LTX Services, Inc.

**2. Principal Office Address**

550 Biltmore Way

Suite, Apt. #, etc.

1110

City & State

Coral Gables

Zip

33134

Country

USA

**3. Mailing Office Address**

550 Biltmore Way

Suite, Apt. #, etc.

1110

City & State

Coral Gables

Zip

33134

Country

USA

**REINSTATEMENT** 02-03

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

9-4-1997

**5. FEI Number**

65-0867317

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

Rosa E. Schechter, Esq.

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

550 Biltmore Way

Suite, Apt. #, Etc.

Suite 1110

City

Coral Gables

State

FL

Zip Code

33134

MRS

**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

Date 10/23/2003

REGISTERED AGENT MUST SIGN

**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
PDC	Rodolfo Stern	550 Biltmore Way, Suite 1110	Coral Gables, FL 33134
VSD	Roberto Horwitz	550 Biltmore Way, Suite 1110	Coral Gables, FL 33134
VTD	David Serviansky	550 Biltmore Way, Suite 1110	Coral Gables, FL 33134
VD	Eduardo Stern	550 Biltmore Way, Suite 1110	Coral Gables, FL 33134
D	Bernard Eckstein	550 Biltmore Way, Suite 1110	Coral Gables, FL 33134

**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

Rodolfo Stern, President

10/23/2003 (305) 461-2440

Date

Daytime Phone #