

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000100915**

1. Corporation Name

SIXNELL CORPORATION

2. Principal Office Address

6919 NW 77 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

6919 NW 77 Avenue

Suite, Apt. #, etc.

City & State

MIAMI

FLORIDA

City & State

MIAMI

FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/01/1997

5. FEI Number

65-0801951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

MALEXYS MORALES DE VEIGA

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

6919 NW 77 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

500030952015  
08/06/04--01060--007 \*\*90.00

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

Date JULY 30, 2004

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
DP	MALEXYS MORALES DE VEIGA	10470 NW 48 Street	MIAMI, FLORIDA 33178

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

07/30/04

Date

(305) 463-8660

(786) 223-8035

Daytime Phone #

CR2E081 (01/04)