

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR - 7 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200121198792
03/25/08--01022--009 **450.00

DOCUMENT # P98000018039

1. Corporation Name

TIXE DESIGNS, INC.

2. Principal Office Address - No P.O. Box #

2742 BISCAYNE BL VD

Suite, Apt. #, etc.

3. Mailing Office Address

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

US

City & State

MIAMI FL

Zip

33137

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1998

5. FEI Number

65-0815622

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

RUBEN MATZ

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

2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 03/03/2008

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	RUBEN MATZ	2742 BISCAYNE BLVD	MIAMI-FL-33137
VP	GLADYS MATZ	2742 BISCAYNE BLVD	MIAMI FL 33137

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 contained in Chapter 119, 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:

RUBEN MATZ

03/03/2008

786-290-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

TIXE DESIGNS, INC.
2742 BISCAYNE BLVD
MIAMI FL 33137
Tel (786) 290-8815

March 3, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Re: Document # P98000018039
Tixe Designs, Inc.

To Whom It May Concern:

I would like to request that the reinstatement fee for the above referenced corporation be waived. I hereby certify that I had never received any prior notices regarding the corporations annual report filing or dissolution.

Thank you,


Ruben Matz
President