

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000 10 4767**

1. Corporation Name

ONYX ENTERPRISES INC.

2. Principal Office Address

9586 SW 155 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami FLA.

City & State

Zip

33196

Country

U.S.A.

Zip

Country

REINSTATEMENT

99-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12-17-1998

5. FEI Number

65-0885959

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

JORGE GESEN

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

9586 SW 155th AVENUE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33196

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 **1-30-2007**

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 | JORGE GESEN | 9586 SW 155 AVE | MIA. FL. 33196 |
| VP | ONEIDA GESEN | 9586 SW 155 AVE | MIA. FL. 33196 |
| T | JAIME RODRIGUEZ | 9586 SW 155 AVE | MIA. FL. 33196 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30.07

Date

Daytime Phone #