

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005002**

1. Corporation Name

IAXYS.COM, INC.

Principal Place of Business

3921 SW 47TH AVENUE
1011
DAVIE FL 33314

Mailing Address

3921 SW 47TH AVENUE
1011
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

65-0886829

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	HORNER, RICHARD L	3921 SW 47TH AVENUE STE 1011	DAVIE FL 33314
S	STERNBERG, CRAIG	3921 SW 47TH AVENUE STE 1011	DAVIE FL 33314
V	TOOLAN, MARK	3921 SW 47TH AVENUE STE 1011	DAVIE FL 33314

8. Name and Address of Current Registered Agent

STERNBERG, CRAIG
3921 SW 47TH AVENUE
STE 1011
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/24/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/03

Daytime Phone #

954-735-1205

CR2040 (8/02)



January 24, 2003

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of iAxy.com, Inc. (Document #P99000005002)

Dear Division of Corporations:

The corporation mentioned above never received the Uniform Business Report notices; thus, please accept this letter along with the application for reinstatement to activate this company.

If you have any questions please contact me at (954) 735-1005 ext. 224.

Sincerely,

A handwritten signature in black ink, appearing to read 'Craig Sternberg'.

Craig Sternberg
Chief Financial Officer