


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000080750**

1. Corporation Name

ATEXI SERVICES CORP.

Principal Place of Business

Mailing Address

**315 SOUTH SHORE DR #2
MIAMI BEACH FL 33141**

**315 SOUTH SHORE DR #2
MIAMI BEACH FL 33141**

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

2. New Principal Office Address, If Applicable

PO BOX 414644

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 414644

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

Zip

33141

Country

City & State

MIAMI BEACH FL

Zip

33141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

65-0946529

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
PD	TEXIDOR, ARNALDO A	PO BOX 414644	MIAMI BEACH FL 33141

900004679619--0
11/14/01 01095 017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEXIDOR, ARNALDO A

**315 SOUTH SHORE DR #2
MIAMI BEACH FL 33141**

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-20-01**

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 **10-20-01**

Daytime Phone #

CR2ED40 (8/01)

ATEXI SERVICES CORP
PO BOX 414644
Miami Beach, FL 33186

OCTOBER 20, 2001

FLORIDA DEPARTMRNT OF STATE
RE: DOCUMENT #P99000080750
FEI # 65- 0946529

TO WHOM IT MAY CONCERN:

**I'M SENDING MY UNIFORM REPORT 2001, LATE BECAUSE I NEVER RECEIVED
ORIGINAL ANNUAL REPORT, I WILL APPRECIATE IF YOU WAIVE THE LATE
CHARGES.**

**ATTACHED IS THE APPLICATION WITH A CHECK IN THE AMOUNT OF \$150.00 FOR
THE YEAR 2001.**

SINCERELY YOURS

Arnaldo Texidor

ARNALDO A TEXIDOR
PRESIDENT