

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 14 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA9000087253**

1. Corporation Name

Focus X, Inc.

**REINSTATEMENT** **01-04**  
**MRS**

2. Principal Office Address

1756 N. Bayshore Drive

Suite, Apt. #, etc.

20 J

City & State

Miami, FL

Zip 33132

Country

U.S.A.

3. Mailing Office Address

1756 N. Bayshore Drive

Suite, Apt. #, etc.

20 J

City & State

Miami, FL

Zip 33132

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

9-30-99

5. FEI Number

65-0951693

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

Andrew S. Jacobs c/o Kaufman, Rossin & Co., P.A.

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

2699 S. Bayshore Drive

Suite, Apt. #, Etc.

400

City

Miami

State  
**FL**

Zip Code

33133

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

*Andrew S. Jacobs*

REGISTERED AGENT MUST SIGN

Date **8/31/04**

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	Deniz Uluc	1756 N. Bayshore Drive, #20J	Miami, FL 33132

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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 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:

*Deniz Uluc*

Deniz Uluc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/04

Date

(305) 357-4042

Daytime Phone #

CR2E081 (01/04)