

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 30 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000001332**

1. Corporation Name

AXION BUSINESS HOLDINGS, INC.

400004533984--S

-08/14/01--01054--015

******908.75 ****908.75**

2. Principal Office Address

999 PONCE DE LEON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

715

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/99

5. FEI Number

65-1118104

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

JOSE I. PADIAL

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

999 PONCE DE LEON # 715

Suite, Apt. #, Etc.

CORAL GABLES

City

State
FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/10/01**

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/D	NELDO CARVALHO	999 PONCE DE LEON #715 CORAL GABLES, FL	CORAL GABLES, FL - 33134

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:

X NELDO CARVALHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)