

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S26223**

1. Corporation Name

MOLINEX, INC.

Principal Place of Business

9125 SW 77TH AVE
STE 610
MIAMI FL 33156
US

Mailing Address

9125 SW 77TH AVE
STE 610
MIAMI FL 33156
US

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

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1991

5. FEI Number

65-0312448

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
T	MOLINA, GIANNI	712 N E 72ND STREET	MIAMI FL 33138
P	MOLINA, VINCENTE	9125 SW 77 AVE STE 610	MIAMI FL 33156
S	ALVARADO, CELSO	13620 SW 119 St. 127 PL	MIAMI FL 33186

700026912967
01/14/04--01023--022 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOLINA, VICENTE
9125 SW 77 AVE
STE 610
MIAMI FL 33156

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

Vicente Molina

REGISTERED AGENT MUST SIGN

Date

01/08/2004

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:

VICENTE MOLINA
Vicente Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/2004 (305) 273-6401

2021

Molinux, Inc.
9125 SW 77 Av. Unit 610
Miami, Fl 33156-7640

Miami, January 08, 2004


Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

To Whom It May Concern,

According to my telephone conversation of today with one of yours representatives. I am enclosing the UBR along with \$300.00 to cover the years 2003 and 2004.

At this time, I am asking you, to please wave the \$600.00 fine, since we never received any information or notice regarding the Uniform Business Report.

Sincerely,


Vicente Molina
President
Molinux, Inc.