

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 25 PM 3:38

DOCUMENT # S42320

1. Corporation Name
WEXXON SYSTEMS INTERNATIONAL, INC.

Principal Place of Business
9854 NW 52nd. Ln.
MIAMI, FL 33175

Mailing Address
9854 NW 52nd. Ln.
MIAMI, FL 33175

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

2. New Principal Office Address, If Applicable
9352 NW 48 DORAL TERRACE

3. New Mailing Office Address, If Applicable
9388 SW 27 AVE.

4. Date Incorporated or Qualified To Do Business in Florida
4/02/91

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL

5. FEI Number
65-0257434

Applied For
☐ Not Applicable

Zip
33178

Country

Zip
33133

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ROLANDO GONZALEZ	9352 NW 48 DORAL TERRACE MIAMI, FL 33178	MIAMI, FL 33178
SD	LEONARDO J. GONZALEZ	9352 NW 48 DORAL TERRACE	MIAMI, FL 33178

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****765.00 ****765.00

[Signature]

8. Name and Address of Current Registered Agent

ROLANDO GONZALEZ
9352 NW 48 DORAL TERRACE
MIAMI, FL 33178

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.

Signature of Registered Agent Rolando Gonzalez Date 7/18/01
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Rolando Gonzalez President 7/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)