


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N05000004835**

1. Entity Name  
CONEXION MAYA, INC.



FILED  
06 NOV 28 PM 3:35

Principal Place of Business  
440 KIRK RD  
PALM SPRINGS, FL 33461

Mailing Address  
440 KIRK RD  
PALM SPRINGS, FL 33461


2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



11150006 REINSTATE CR28899 (1/1/06)

## REINSTATEMENT

4. FEI Number  
**51-0544111**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LOBASZ, MIROSLAW T  
6801 LAKE WORTH RD SUITE 322  
LAKE WORTH, FL 33467

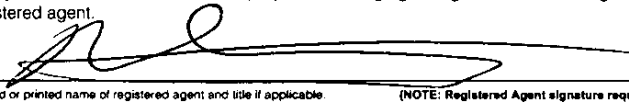
**7. Name and Address of New Registered Agent**

Name **LOBASZ, MIROSLAW T**

Street Address (P.O. Box Number is Not Acceptable)  
**3939 S. CONGRESS AVE #101**

City **LAKE WORTH FL** Zip Code **33461**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **11/15/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, ALFONSO 440 KIRK RD PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, JUAN 440 KIRK RD PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDEZ, CANDIDA 440 KIRK RD PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDEZ, ANA 440 KIRK RD PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARIA 1226 CRESTWOOD AVE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBASZ, MIROSLAW T 6801 LAKE WORTH RD SUITE 322 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200082104352</b> <b>11/28/06--01046--014 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **11/15/06** DAYTIME PHONE **561-722-9061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR