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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
03 JAN 14 PM 2:12

DOCUMENT # *P01000061139*

1. Corporation Name
X-45, CORPORATION

2. Principal Office Address
9010 SW 137 Ave.

3. Mailing Office Address
As same Principal Address

Suite, Apt. #, etc.
#222

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip Country
33186 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
06-18-2001

5. FEI Number
65-1151938
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

11/27/02 01108 020 \$200.00
10/31/02 01047 014 \$550.00

7. Name and Address of Current Registered Agent

Name
KUNCZ VANESSA

Street Address (P.O. Box Number is Not Acceptable)
9010 SW 137 AVE

Suite, Apt. #, Etc.
#222

City
MIAMI

State Zip Code
FL 33186

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]* Date 12-18-2002
REGISTERED AGENT MUST SIGN

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
DP	KUNCZ VANESSA	9010 SW 137 AVE. SUITE #222	MIAMI, FL 33186
DS	KUNCZ KARLA	9010 SW 137 AVE. SUITE #222	MIAMI, FL 33186

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: *[Signature]* VANESSA KUNCZ 12-18-2002 305-408-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E01 (9/01)

2 of 2

December 30, 2002

Florida Department of Corporation.

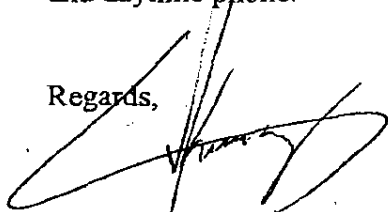
From: X-45, Corporation
9010 SW 137 Ave. Suites 222,
Miami, Fl 33186.
305-752-8585
Frank@x-45.com

Ref: Reinstatement.

We complete this form because the original form to reinstate our corp. (UBR) was never received by mail.

All signatures are in original by Corp officer and registered agent signature, name, dater, and daytime phone.

Regards,



X-45, Corporation
Vanessa Kuncz (DP)
Vanessa@x-45.com