PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 APR 28 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000004263

1. Corporation Name
CSX Accounting Services, Inc.

2. Principal Office Address		3. Mailing Office Address	
500 Water Street		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
C160			
City & State		City & State	
Jacksonville, FL			
Zip	Country	Zip	Country
32202	US		

ACCOUNT STATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/2002

5. FEI Number: 510326658 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 4/26/05

CR2E061 (10/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	David H. Baggs	500 Water Street	Jacksonville, FL 32202
D	David A. Boor	500 Water Street	Jacksonville, FL 32202
DS	Gordon F. Bailey, III	500 Water Street	Jacksonville, FL 32202

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: Gordon F. Bailey, III 21 April 2005 904-357-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts APR 28 2005

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

CSX ACCOUNTING SERVICES, INC.

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