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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CXA-2 CORPORATION

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09 00000362 1

1. Corporation Name
CXA-2 Corporation

REINSTATEMENT 2010

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6000 Legacy Drive			
Suite, Apt, #, etc.		Suite, Apt, #, etc.	
City & State		City & State	
Plano, TX			
Zip	Country	Zip	Country
75024	US		

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Certified Copy with Certificate of Status

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	State	Zip Code
Plantation	FL	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 617.0505, F.S.

Signature of Registered Agent: Kimberly Baggett — REGISTERED AGENT MUST SIGN — Kimberly Baggett Assistant Secretary — Date 11-9-2010

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
Pres/Dir	D. Andrew Beal	6000 Legacy Drive	Plano, TX 75024
EVP	Jacob Cherner	6000 Legacy Drive	Plano, TX 75024
Sec/Treas	Stephen Costas	6000 Legacy Drive	Plano, TX 75024

10. E-mail Address: licensing@bealservice.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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: Stephen Costas, Secretary — 11/5/10 — (469) 467-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 06/01/2010 CT System Online