

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 10 AM 8:17

DOCUMENT # F09000003622

1. Corporation Name

CXA-1 Corporation

2. Principal Office Address - No P.O. Box #

6000 Legacy Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plano, Texas

City & State

Zip

75024

Country

Collin

Zip

Country

REINSTATEMENT 10-11

500194263735  
02/15/11--01030--008 \*\*758.75

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/10/09

5. FEI Number

270837033

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500194263735  
03/10/11--01031--001 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Michael E. Jones  
Assistant Secretary

Date 12/28/10

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	Jacob Cherner	6000 Legacy Drive	Plano, Texas 75024
ST	Stephen Costas	6000 Legacy Drive	Plano, Texas 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 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. 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, VP

469-467-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #