DEC-18-2000 15:27 FROM- T-686 P.002/003 F-801

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 5:51

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005916

1. Corporation Name
CELEXX CORPORATION

2. Principal Office Address		3. Mailing Office Address	
7521 W. Palmetto Pk. Rd.		7521 W. Palmetto Pk. Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 208		Suite 208	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33433	U.S.	33433	U.S.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/99

5. FEI Number: 65-0850992 — 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: DOUG FORDE

Street Address (P.O. Box Number is Not Acceptable): 7251 W. Palmetto Pk. Rd.

Suite, Apt. #, Etc.: Suite 208

City: Boca Raton,

State: FL Zip Code: 33433

8. I, being appointed the registered agent of the above named corporation, will faithfully and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12/15/00

9. Names and Street Addresses of Each Officer and/or Director (For-profit 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
	PLEASE SEE ATTACHED SHEET...		

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: David C. Lemle — 12/15/00 — (561) 395-1920

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

CR2E080 (8/97)

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AD

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P/C/D	Doug Forde	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D/T	David C. Langle	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D/VP	Vincent Caminiti	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
S	John W. Straatsma	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D	Lionel Forde	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D	William Lerner	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D	David Burke, Sr.	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433
D	Moty Hermon	7251 W. Palmetto Pk. Rd. Suite 208	Boca Raton, FL 33433

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
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From:
Account Name : ATLAS PEARLMAN, P.A. - mpn
Account Number : 076247002423
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CORPORATION REINSTATEMENT

CELEXX CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$758.75

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