Fax Audit No.: H01000010827

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 25 PM 3:57

DOCUMENT # J57608

1. Corporation Name

SPX-1, INC.

REINSTATEMENT 96-01

2. Principal Office Address	3. Mailing Office Address
569 Edgewood Avenue South	569 Edgewood Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32205 Country:	Zip: 32205 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/87

5. FEI Number: 59-2774344 ☐ 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: Donald W. McArthur, III

Street Address (P.O. Box Number is Not Acceptable): 569 Edgewood Avenue South

Suite, Apt. #, Etc.:

City: Jacksonville, State: FL Zip Code: 32205

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: 1/25/2001

REGISTERED AGENT MUST SIGN

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
PD	William A. McArthur	569 Edgewood Avenue South	Jacksonville, Florida 32205
VSD	Donald W. McArthur, III	569 Edgewood Avenue South	Jacksonville, Florida 32205

[signature] 1/25/01

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] 1/25/2001

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

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

WOULD YOU PLEASE FILE THIS EMERGENCY REINSTATEMENT AND ISSUE A STATUS CERTIFICATE AS WE ARE HOLDING UP A MAJOR CLOSING TRANSACTION BECAUSE OF THIS PROBLEM.

THANK YOU FOR YOUR ASSISTANCE.

CORPORATION REINSTATEMENT

SPX-1, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,508.75