PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -3 AM 8:04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300180090733
05/04/10--01001--007 **571.25

DOCUMENT # L03000010322

1. Limited Liability Company's Name

ProX.es LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
858 Golfview Terrace	858 Golfview Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, Florida	City & State: Winter Park, Florida
Zip: 32789 Country: US	Zip: 32789 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/21/2003

6. FEI Number: N/A ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CASCIO, JOHN T.

Street Address (P.O. Box Number is Not Acceptable): 858 Golfview Terrace

Suite, Apt. #, Etc.:

City: Winter Park State: FL Zip Code: 32789

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: John T. Cascio REGISTERED AGENT MUST SIGN Date: April 30, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	CASCIO, JOHN T.	858 Golfview Terrace	Winter Park, Fl. 32789
V. PRES	Cascio, Catherine K.	858 Golfview Terrace	Winter Park, FL 32789

REINSTATEMENT 2008-2010

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 4/30/2010 Daytime Phone #: 407-963-1946

Typed or printed name of signing Managing Member/Manager: JOHN T. CASCIO, PRESIDENT