

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000004835</b> 1. Entity Name <b>CONEXION MAYA, INC.</b>						<div style="border: 1px solid black; padding: 5px; display: inline-block;">             FILED              06 NOV 28 PM 3:35           </div>	
Principal Place of Business <b>440 KIRK RD PALM SPRINGS, FL 33461</b>				Mailing Address <b>440 KIRK RD PALM SPRINGS, FL 33461</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>51-0544111</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LOBASZ, MIROSLAW T 6801 LAKE WORTH RD SUITE 322 LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name <b>LOBASZ, MIROSLAW T</b> Street Address (P.O. Box Number is Not Acceptable) <b>3939 S. CONGRESS AVE #101</b> City <b>LAKE WORTH FL</b> Zip Code <b>33461</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>11/15/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, ALFONSO 440 KIRK RD PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200082104352</b> <b>11/28/06--01046--014 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, JUAN 440 KIRK RD PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDEZ, CANDIDA 440 KIRK RD PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDEZ, ANA 440 KIRK RD PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARIA 1226 CRESTWOOD AVE LAKE WORTH, FL 33460			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBASZ, MIROSLAW T 6801 LAKE WORTH RD SUITE 322 LAKE WORTH, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>11/15/06</b> DAYTIME PHONE <b>561-722-9061</b>			