


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS		03 JAN 14 PM 2:12 DEPT. OF STATE DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P01000061139</i>					
<b>1. Corporation Name</b> X-45, CORPORATION					
<b>2. Principal Office Address</b> 9010 SW 137 Ave. Suite, Apt. #, etc. #222 City & State Miami, Florida Zip 33186		<b>3. Mailing Office Address</b> As same Principal Address Suite, Apt. #, etc. City & State Zip Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06-18-2001 <b>5. FEI Number</b> 65-1151938 Applied For Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name KUNCZ VANESSA Street Address (P.O. Box Number is Not Acceptable) 9010 SW 137 AVE Suite, Apt. #, Etc. #222 City MIAMI					
				State FL	Zip Code 33186
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> <b>REGISTERED AGENT MUST SIGN</b> Date 12-18-2002					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
DP	KUNCZ VANESSA	9010 SW 137 AVE. SUITE #222	MIAMI, FL 33186		
DS	KUNCZ KARLA	9010 SW 137 AVE. SUITE #222	MIAMI, FL 33186		
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>		VANESSA KUNCZ		12-18-2002	305-408-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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December 30, 2002

Florida Department of Corporation.

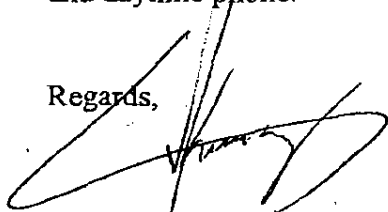
From: X-45, Corporation  
9010 SW 137 Ave. Suites 222,  
Miami, FL 33186.  
305-752-8585  
Frank@x-45.com

Ref: Reinstatement.

We complete this form because the original form to reinstate our corp. (UBR) was never received by mail.

All signatures are in original by Corp officer and registered agent signature, name, dater, and daytime phone.

Regards,



X-45, Corporation  
Vanessa Kuncz (DP)  
Vanessa@x-45.com