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APPROPRIATE  
FILE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 NOV 10 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000113346

**1. Corporation Name**  
Praxis Exhibits Inc.

<b>2. Principal Office Address</b> 8210 VIA HERMOSA Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Box 354 4044 W. Lake Mary Blvd Suite, Apt. #, etc. Unit 104	
City & State SANFORD, FLORIDA		City & State Lake Mary, FLORIDA	
Zip 32771	Country U.S.A.	Zip 32746	Country U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified To Do Business in Florida** 11-26-01

**5. FEI Number** 593758363  
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: Larry Travis Crumbaker  
Street Address (P.O. Box Number is Not Acceptable): 8210 Via Hermosa  
Suite, Apt. #, Etc.:  
City: Sanford  
State: FL  
Zip Code: 32771


**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:   
Date: 11-9-04  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
D	Larry Travis Crumbaker	8210 VIA HERMOSA	SANFORD FL 32771

**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:**  Larry Travis Crumbaker  
Date: 321-377-1838  
Daytime Phone #

CR2ED081 (01/04)

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To; Secretary of State

November 9, 2004

From; Travis Crumbaker of  
Praxis Exhibits Inc.  
Box 354 4044 W. Lake Mary Blvd. Unit 104  
Lake Mary, Florida 32746 Phone # 1(321)377-1838

Dear Sir or Madam,

I am writing to ask that the penalty fees be dropped for Praxis Exhibits Inc. Due to the fact I never received the notice and was unaware until yesterday. Praxis Exhibits Inc. is desperately trying to straighten itself out of a time of uncertainty and become what it was to be in my eyes. The address that is online is an unsecured mailbox and due to some travel time may sit for extended times. The PO Box above is a UPS Mailboxes Unlimited and secure.

I am bound by a contract that is to start this week and need to renew my insurances (that is how I found out about this) now.

Thank you for your time and consideration in the matter!

Thank you again,

Travis Crumbaker