


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 03-04		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P02000024019			
<b>1. Corporation Name</b> CXA, Inc.			
<b>2. Principal Office Address</b> 827 Oak Shadows Rd Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 827 Oak Shadows Rd Suite, Apt. #, etc.	
<b>City &amp; State</b> Celebration, FL		<b>City &amp; State</b> Celebration, FL	
<b>Zip</b> 34747	<b>Country</b> USA	<b>Zip</b> 34747	<b>Country</b> USA

FILED

04 MAY -3 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

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05/03/04--01015--008 \*\*908.75

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	3/4/2002	
<b>5. FEI Number</b>	02-0554396	<b>Applied For</b>
		Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> Mark Rutecki + Associates, P.A.		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 215 Celebration Place, Suite 500		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> Celebration	<b>State</b> FL	<b>Zip Code</b> 34747

**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**

REGISTERED AGENT MUST SIGN

**Date** 4/29/04

**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
P	Robert Childress	827 Oak Shadows Rd	Celebration, FL 34747
S	Teddy Benson	827 Oak Shadows Rd	Celebration, FL 34747
D	Adam Hoffman	827 Oak Shadows Rd	Celebration, FL 34747

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 (407) 738-1185

CR2E081 (01/04)