REINSTATEMENT

DOCUMENT # P03000097718

1. Entity Name MTGXACT , INCORPORATED



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 DEC 17 PM 3: 33

Principal Place of Business

Mailing Address

100 1ST AVE SUITE 275 ST. PETERSB	E SOUTH Burg, FL 33701	100 1ST AVE SOUTH SUITE 275 ST. PETERSBURG, FL 33	701				
3868	Place of Business AMELIA WAY	3. Mailing Address	id st.				
Suite, Apr.	#, etc.	Suite, Apt. #, etc.	-	12152004	REIN-P	CR2E098 (6/04)	
PAIM I	HARbOR Florida		ew York	4. FEI Numb	er		pplied For ot Applicable
34684	Pinellas	1/236	Country KIN6S		of Status Desired	See Require	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F		7. Name and	Address of New R	egistered Agent		
), PINKSTON JR.		Name	0,00, - 0	INKSTON		
100 FIRST SUITE 275	AVE SOUTH		Street A	dress (P.O. Box Numb	er is Not Acceptable	·)	
	RSBURG, FL 33701		Pali	A HARbOR	Suite 1	_	1 Pa
	<u> </u>		City	IM HAR bon		FL Z	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or bo	th, in the State of Flo		
SIGNATURE	Signature, typod or printed name of registered agent a			UKSTONIE ture required when reinstating	1	12-15-0	<u>4</u>
FiL	E NOW!!! FEE IS \$150.00				In accordance w	ith s. 607.193(2)(b).	1
	nuary 1, 2005, Fee will be \$300.00	,				not receive the prior	
			11.	ADDITIONS	corporation did		notice.
After Jan	OFFICERS AND E		11.	ADDITIONS	corporation did	not receive the prior	notice.
ARes Jan 10. TITLE NAME	OFFICERS AND DESCRIPTION OFFICERS OF THE PROPERTY OF THE PROPE	DIRECTORS	TITLE NAME	ADDITIONS,	corporation did	not receive the prior	S IN 11
After Jan	OFFICERS AND E	DIRECTORS	TITLE	ADDITIONS	corporation did	not receive the prior	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND E S PINKSTON, LORENZO JR. 3668 AMELIA WAY	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Exec	CHANGES TO OFFI	CERS AND DIRECTOR Change	S IN 11
After Jam 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TRLE NAME	OFFICERS AND E S PINKSTON, LORENZO JR. 3668 AMELIA WAY	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Exec	CHANGES TO OFFI	CERS AND DIRECTOR Change	S IN 11
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CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 607, 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 provered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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