

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000150160</b> 1. Entity Name CX2 TECHNOLOGIES, INC.						<div style="text-align: center;"> <b>FILED</b>          05 AUG 24 AM 11:17          REINSTATE          TALLAHASSEE, FLORIDA          04-05          T. Roberts AUG 25 2005       </div>	
Principal Place of Business 5440 NW 33RD AVENUE SUITE 106 FORT LAUDERDALE, FL 33309-6338				Mailing Address 5440 NW 33RD AVENUE SUITE 106 FORT LAUDERDALE, FL 33309-6338			
2. Principal Place of Business		3. Mailing Address		<div style="display: flex; justify-content: space-around;"> <span>08192005</span> <span>REIN-P</span> <span>CR2E098 (6/04)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>4. FEI Number</span> <span>Applied For <input checked="" type="checkbox"/> Not Applicable</span> </div> <div style="display: flex; justify-content: space-between;"> <span>5. Certificate of Status Desired <input type="checkbox"/></span> <span><b>\$8.75</b> Additional Fee Required</span> </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
<b>6. Name and Address of Current Registered Agent</b>  VALINSKY, JAY L 100 NORTHEAST THIRD AVENUE SUITE 610 FORT LAUDERDALE, FL 33301				<b>7. Name and Address of New Registered Agent</b> Name <b>KLEIN, HANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>5440 NW 33RD AVENUE</b> <b>STE 106</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33309</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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>8/19/05</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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 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 empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>8/19/05</b> (954) 714-0028 <small>Daytime Phone #</small>			