PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 10 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/17/01--01001--011
****525.00 ****525.00

DOCUMENT # P93000019974

1. Corporation Name
STX CORPORATION

2. Principal Office Address	3. Mailing Office Address
1551 FORUM PLACE	1551 FORUM PLACE
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State WEST PALM BEACH	City & State FL
Zip 33401 Country USA	Zip 33401 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 3/16/1993

5. FEI Number 650398707 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: PETER BROCK

Street Address (P.O. Box Number is Not Acceptable): 1551 FORUM PLACE

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-10/17/01--01001-012
****525.00 ****75.00

Suite, Apt. #, Etc.: #100

City: WEST PALM BEACH State: FL Zip Code: 33401

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 9/24/01
REGISTERED AGENT MUST SIGN

CR2E061 (5/95)

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 Chairman	PETER BROCK (D)	1551 FORUM PLACE BUILDING 100	WEST PALM BEACH, FL 33401
D President	ROBERT SPITALETTA (D)	343 SOUTH RIVER ST	HACKENSACK NJ 07601
D Vice President	EDWARD SPITALETTA (D)	343 SOUTH RIVER ST	HACKESACK NJ 07601
D Secretary	ANDREW BROCK (D)	1551 FORUM PLACE BUILDING 100	WEST PALM BEACH, FL 33401
Treasurer	RICHARD SPITALETTA	343 SOUTH RIVER ST	HACKENSACK NJ 07601

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: _____ PETER BROCK 9/24/01 561 684 1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #