

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC ' 5 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 8960000 82413

1. Corporation Name

AMXX & Christy, Inc.

2. Principal Office Address

1206 East Ridgewood Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

3. Mailing Office Address

P.O. Box 8700

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32790

Country

USA

REINSTATEMENT 03-05
CR2E081-8/05

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/02/1996

5. FEI Number

593402644

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

Christy, William J.

Street Address (P.O. Box Number is Not Acceptable)

2351 Via Tuscany

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/7/05

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	Christy, W.	P.O. Box 8700	Winter Park, Florida 32790

600061908666
12/05/05--01041--002 **455.00

600061908666
12/05/05--01041--003 **3.75

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

William J. Christy

Date

1/7/05

Daytime Phone #

AMYX & CHRISTY, INC.

November 7, 2005

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of AMYX & Christy, Inc.

Dear Sir or Madam:

AMYX & Christy, Inc. failed to receive a copy of Annual Report for the years 2003 through 2005 and your records, available on-line at www.sunbiz.org show that AMYX & Christy, Inc. is now listed as inactive, due to Administrative Dissolution for Annual Report. On behalf of AMYX & Christy, Inc. I request that the fee for reinstatement of AMYX & Christy, Inc. be waived.

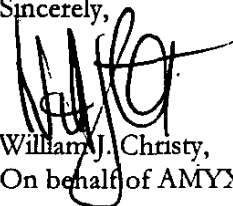
I have enclosed with this letter the Corporation Reinstatement form for AMYX & Christy, Inc. and a check for \$450.00 for the \$150.00 annual filing fee for 2003, 2004, and 2005.

Please direct all questions and correspondence to the following address:

AMYX & Christy, Inc.
Care of The Law Offices of Carla DeLoach Bryant, P.A.
1206 East Rigewood Street
Orlando, Florida 32803
Telephone: 407.740.5005 Facsimile: 407.740.5025

Thank you for your assistance with this matter.

Sincerely,



William J. Christy,
On behalf of AMYX & Christy, Inc.

enclosures