

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 AM 10:44

DOCUMENT # P99000069112

1. Corporation Name

HX, INC

2. Principal Office Address

4257 DAUBERT STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

USA

3. Mailing Office Address

211 N. MAGNOLIA AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

USA

REINSTATEMENT 03-04

2000031843710

04/05/04--01064--009 **1800.00

**4. Date Incorporated or Qualified
To Do Business in Florida 8/4/99**

5. FEI Number
59-3594197

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
DAVID A. YERGEY, JR.

Street Address (P.O. Box Number is Not Acceptable)
211 N. MAGNOLIA AVENUE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL Zip Code
32801

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/23/04

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
PSTD	JOHN H. SCRIBNER, JR.	1668 EAGLE NEST CIRCLE	WINTER SPRINGS, FL 32708

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/04

Daytime Phone #