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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000003250			
1. Corporation Name immixTechnology, Inc.			
2. Principal Office Address - No P.O. Box # 8444 Westpark Drive Suite, Apt. #, etc. Suite 200 City & State McLean, Virginia Zip 22102		3. Mailing Office Address 8444 Westpark Drive Suite, Apt. #, etc. Suite 200 City & State McLean, Virginia Zip 22102	
Country United States		Country United States	
7. Name and Address of Current Registered Agent			
Name <i>CT Corporation System</i>			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	
Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.			
Signature of Registered Agent <i>Mark J. Pennington</i>		Date 9/23/08	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr.	CEO - Jeffery Copeland	1804 Sunny Creek Cove	Vienna, VA 22182
Mr.	VP - Stephen Charfes	8009 Merry Oaks Lane	Vienna, VA 22182
Mr.	P - Arthur Richer	3603 Elderberry Place	Fairfax, VA 22033
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 807 or 817, 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 807.0401 or 817.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 <i>Arthur Richer</i>		Date 9/23/08	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARTHUR RICHER		Date 9/23/08	

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08
 CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
 06/19/2001

5. FEI Number
 54-1912608

6. CERTIFICATE OF STATUS DESIRED SEE INSTRUCTIONS FOR REQUIRED FEE

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

209/25

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

IMMIX TECHNOLOGY, INC.

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