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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 25 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08
CR2E081 (12/07)

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		3. Mailing Office Address 8444 Westpark Drive Suite, Apt. #, etc. Suite 200 City & State McLean, Virginia	
Zip 22102	Country United States	Zip 22102	Country United States

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 REQUEST FOR A CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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.

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 **Mark J. Pennington**

REGISTERED AGENT MUST SIGN

Date **9/23/08**

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 **Arthur Richer** **Arthur Richer**

REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/23/08**

703.752-0640

Date/Time Phone #

209/25

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

IMMIX TECHNOLOGY, INC.

Certificate of Status	1
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