

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000924

FILED
Sep 17, 2007
Secretary of State

Entity Name: AUTHENTIX, INC.

Current Principal Place of Business:

11900 BISCAYNE BLVD
SUITE 520
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

4355 EXCEL PKWY
STE 100
ADDISON, TX 75001

New Mailing Address:

FEI Number: 91-1992535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE BROWNE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOXAM, DAVID
Address: 4355 EXCEL PKWY, STE 100
City-St-Zip: ADDISON, TX 75001

Title: C () Delete
Name: BARBERITO, LEE
Address: 4355 EXCEL PKWY, STE 100
City-St-Zip: ADDISON, TX 75001

Title: D () Delete
Name: JOHNSTONE, CRAIG
Address: 4355 EXCEL PKWY, STE 100
City-St-Zip: ADDISON, TX 75001

Title: C () Delete
Name: BROWNE, MICHAEL L
Address: 4355 EXCEL PARKWAY, STE 100
City-St-Zip: ADDISON, TX 75001

Title: V () Delete
Name: STAMM, CRAIG E
Address: 4355 EXCEL PKWY, STE 1200
City-St-Zip: ADDISON, TX 75001

Title: VD () Delete
Name: HALVORSSSEN, OLAF
Address: 4355 EXCEL PKWY, STE 1200
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BROWNE

Electronic Signature of Signing Officer or Director

MR.

09/17/2007

Date