

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P03000022951

1. Entity Name
AMERIFAX ACQUISITION CORP.



Principal Place of Business
**7709 WEST 20TH AVENUE
HIALEAH, FL 33014 US**

Mailing Address
**7709 WEST 20TH AVENUE
HIALEAH, FL 33014 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**15042 Parkway Loop #B
#B**

City & State
Tustin Calif.

Zip
92780

Country
USA

4. FEI Number
56-2325802

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

<p>6. Name and Address of Current Registered Agent</p> <p>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME THOM, LAMBERT	TITLE	NAME
	STREET ADDRESS 7709 WEST 20TH AVENUE		STREET ADDRESS
	CITY-ST-ZIP HIALEAH, FL 33014		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott May Jr* Date: 10/27/04 (714) 247-4879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (714) 247-4856 Daytime Phone #

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