

2006 FOR PROFIT CORPORATION

DOCUMENT # F01000001120

1. Entity Name
METILINX, INC.



FILED

06 NOV 30 AM 9:02

Principal Place of Business
999 BAKER WAY
SUITE 410
SAN MATEO CA 94404
US

Mailing Address
999 BAKER WAY
SUITE 410
SAN MATEO CA 94404
US



2. Principal Place of Business

3. Mailing Address

5757 Blue Lagoon Dr.

5757 Blue Lagoon Dr.

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Miami FL

City & State
Miami FL

Zip
33126

Country
Dade

Zip
33126

Country
Dade

REINSTATEMENT (4/06)

4. FEI Number 95-4772272

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MOLA, GUSTAVO L
5757 BLUE LAGOON DR., STE 300
MIAMI FL 33126

Name
Maria Sardina
Street Address (P.O. Box Number is Not Acceptable)

5757 Blue Lagoon Dr. Suite 300
City
Miami FL Zip Code
33126

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 *Maria Sardina*
Signature, typed or printed name of registered agent and title if applicable.

MARIA SARDINA
(NOTE: Registered Agent signature required when reinstating)

10/19/06
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
COLLAZO, CARLOS M ☐ Delete
999 BAKER WAY SUITE 410
SAN MATEO CA 94404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
5757 Blue Lagoon Drive, Suite 300
Miami FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
PARK, NEIL ☒ Delete
1670 S AMPHLETT BLVD., STE 300
SAN MATEO CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400081656864
11/09/06--01029--017 **\$600.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
RICHARDS, STEPHEN ☒ Delete
999 BAKER WAY, SUITE 410
SAN MATEO CA 94404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400081656864
12/06/06--01058--003 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #