

# 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  
5757 Blue Lagoon Dr.  
Suite, Apt. #, etc.  
Suite 300

3. Mailing Address  
5757 Blue Lagoon Dr.  
Suite, Apt. #, etc.  
Suite 300

REINSTATEMENT (4/06) *[Signature]*

City & State  
Miami FL

City & State  
Miami FL

Zip  
33126

Country  
Dade

Zip  
33126

Country  
Dade

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

7. Name and Address of New Registered Agent  
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 *[Signature]* MARIA SARDINA DATE 10/19/06  
(NOTE: Registered Agent signature required when reinstating)

**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COLLAZO, CARLOS M 999 BAKER WAY SUITE 410 SAN MATEO CA 94404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARK, NEIL 1670 S AMPHLETT BLVD., STE 300 SAN MATEO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICHARDS, STEPHEN 999 BAKER WAY, SUITE 410 SAN MATEO CA 94404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5757 Blue Lagoon Drive, Suite 300 Miami FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081656864 11/09/06--01029--017 **\$600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081656864 12/06/06--01058--003 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date: Daytime Phone #