


Page 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F01000003250</b>			
<b>1. Corporation Name</b> immixTechnology, Inc.			
<b>2. Principal Office Address - No P.O. Box #</b> 8444 Westpark Drive Suite, Apt. #, etc. Suite 200 City & State McLean, Virginia Zip 22102		<b>3. Mailing Office Address</b> 8444 Westpark Drive Suite, Apt. #, etc. Suite 200 City & State McLean, Virginia Zip 22102	
<b>Country</b> United States		<b>Country</b> United States	
<b>7. Name and Address of Current Registered Agent</b>			
Name <i>CT Corporation System</i>			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	
Zip Code 33324			
<b>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.</b>			
Signature of Registered Agent <i>Mark J. Pennington</i>		Date 9/23/08	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
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
<b>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.</b>			
SIGNATURE <i>Arthur Richer</i>		Date 9/23/08	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARTHUR RICHER		Date 9/23/08	

FILED  
 08 SEP 25 PM 2: 53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT 05-08**  
 CR2E081 (12/07)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/19/2001	
<b>5. FEI Number</b> 54-1912608	Applied For <input type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
<small>SEE INSTRUCTIONS FOR REQUIREMENTS FOR A CERTIFICATE OF STATUS.</small>	

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.

209/25

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000223344 3)))



H080002233443ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

**CORPORATION REINSTATEMENT**

**IMMIX TECHNOLOGY, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

Electronic Filing Menu

Corporate Filing Menu

Help