PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 AM 8:00

DOCUMENT # N96000006121

1. Corporation Name: LIMITX INC.

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc.: 814 SAXONY LAKE DR.	Suite, Apt. #, etc.:
City & State: ANTIOCH TN	City & State:
Zip: 37013 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: NOV-25-1996

5. FEI Number: 59-342-0111 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

MRD

7. Name and Address of Current Registered Agent

Name: MARIA GRACIA

Street Address (P.O. Box Number is Not Acceptable): 700019326OO
05/19/03--01085--015 **81.25

Suite, Apt. #, Etc.: 1800 N. STATE ROAD 7

City: HOLLYWOOD State: FL Zip Code: 33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X [signature] Date: 5/14/03
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR	PAUL MUTEBI	814 SAXONY LAKE DRIVE	ANTIOCH TN 37013
MR	DENNIS SEMPEBWA	1013 HERON AVENUE	PEOTONE IL 60468
MR	ISAAC RUCIBIGANGO	141 N. KENWOOD STREET #24	GLENDALE CA 91206

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 607 or 617, 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

SIGNATURE: [signature] MAY 12. 2003 615-833-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #