

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR 25 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500073993435

05/04/06--01022--012 \*\*\*458.75

**DOCUMENT # R0000088116**

1. Corporation Name

**GEOGRAFIXX, INC**

2. Principal Office Address

**1725 SW 85TH AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip  
**33155**

Country  
**USA**

3. Mailing Office Address

**1725 SW 85TH AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip  
**33155**

Country  
**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida **09/15/2000**

5. FEI Number  
**651038857**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**IHOSVANY HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**1725 SW 85TH AVE**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33155**

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

REGISTERED AGENT MUST SIGN

Date

**4/12/2005**

**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
CEO	IHOSVANY HERNANDEZ	1725 SW 85 AVE	MIAMI, FL 33155

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/12/2006**

Daytime Phone #

**305-264-5478**

B. Mitchell APR 27 2006



{ Professional Internet and Graphics Design }  
{ 1725 SW85 AVE } { Miami, FL 33155 }

April 12, 2006

FL Dept of State  
FL. Div. of Corp

RE: Georafixx, Inc.  
Document No. P00000088116

Dear Sir or Madam:

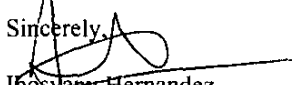
I am writing to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity never received a preprinted form from the state.

Enclosed please find a copy of the form for 2006, which I obtained from the internet and a check for \$450.00 which includes filing fees for 2004, 2005 and the current year 2006. This company has made a good faith effort to meet the state's filing requirements.

Also please notice that my address has changed and that may be the reason I have not received the preprinted form from the state. Please change my address on file to the correct address.

Thank you in advance for your help,

Sincerely,

  
Iosvany Hernandez  
CEO  
Georafixx.com