

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 14 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 88116

1. Corporation Name

GEOGRAFIXX, INC.

2. Principal Office Address

2229 SW 15 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

3. Mailing Office Address

2229 SW 15 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

600023797866
10/14/03--01069--023 \$150.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/2000

5. FEI Number

65-1038857

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

I HOSVANY HERNANDEZ

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

2229 SW 15 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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 10/6/03

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	I HOSVANY HERNANDEZ	2229 SW 15 ST.	MIAMI, FL 33145

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/03

Date

Daytime Phone #

CR2E081 (10/02)

71 10115

NATP MEMBER

MFR & Associates

Accountants & Consultants

AICPA MEMBER

210 71 Street Suite 313
Miami Beach, FL 33141
Tel (305) 864-7706
Fax (305) 864-7960

October 8, 2003

FL Dept. of State
FL Div. of Corp.

RE: Geografixx, Inc.
Document No. P00000088116

Dear Sir or Madam:

I am writing to you on behalf of Geografixx, Inc, to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for year 2003, we obtained from the internet and a check \$ 150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel E. Fernandez
Tax Advisor