
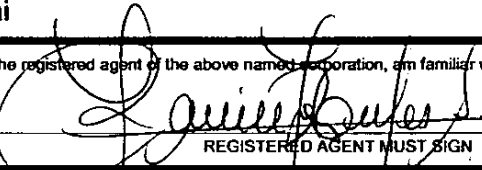
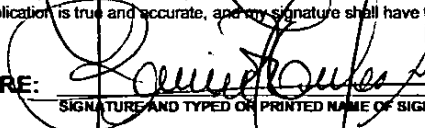


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000096546			
1. Corporation Name FIXACOMP, Inc			
2. Principal Office Address 12956 NW 9th Street		3. Mailing Office Address 12956 NW 9th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33182	Country	Zip 33182	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/03/2001		5. FEI Number 55-0805299	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
CR2E081 (12/05)			
7. Name and Address of Current Registered Agent			
Name Carlos Ramirez			
Street Address (P.O. Box Number is Not Acceptable) 12956 NW 9th Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33182
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 		Date 03/15/06	
REGISTERED AGENT MUST SIGN			
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
P/D	Carlos Ramirez	12956 NW 9th Street.	Miami, Florida 33182
V/D	Giroberta Ramirez	12956 NW 9th Street.	Miami, Florida 33182
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:  CARLOS RAMIREZ 03/15/06 305-228-1254			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

FILED

06 MAR 24 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

CR2E081 (12/05)

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