## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000118022

Entity Name: I-NEX WORLDWIDE, INC.

FILED May 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12000 N DALE MABRY 13900 N DALE MABRY

SUITE 262 SUITE 287

TAMPA, FL 33618 US TAMPA, FL 33618 U

Current Mailing Address: New Mailing Address:

12000 N DALE MABRY 13902 N DALE MABRY

SUITE 262 SUITE 287

TAMPA, FL 33618 US TAMPA, FL 33618 US

FEI Number: 32-0010327 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLSTER, NEIL P.A. 2529 WEST BUSCH BLVD STE 800 TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NEIL POLSTER PA

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: CILLO, JOSEPH P Name: CILLO, JOSEPH P

Address: 12000 N. DALE MABRY, SUITE 262 Address: 13902 N. DALE MABRY, SUITE 287

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: VP (X) Delete Title: ( ) Change ( ) Addition Name: CHINCHAR. DOUGLAS Name:

Address: 12000 N. DALE MABRY, SUITE 262 Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip:

Name: COON, CANDIS Name: COON, CANDIS

Address: 12000 N. DALE MABRY, SUITE 262 Address: 13902 N. DALE MABRY, SUITE 287

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P CILLO PD 05/24/2005