


2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 OCT 27 2006 51

DOCUMENT # P02000030197		
1. Entity Name FIELDACCESS, INC.		

Principal Place of Business 5201 BLUE LAGOON DR MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DR MIAMI, FL 33126
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2. Principal Place of Business 35 NE 40th STREET Suite, Apt. #, etc. SUITE #200 City & State MIAMI, FL Zip 33137 Country USA	3. Mailing Address 35 NE 40th STREET Suite, Apt. #, etc. SUITE #200 City & State MIAMI, FL Zip 33137 Country USA
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4. FEI Number 03-0417700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAZAY, HENRY 5201 BLUE LAGOON DR, STE 800 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GAZAY, HENRY 35 NE 40th ST. 5201 BLUE LAGOON DR SUITE #200 MIAMI, FL 33126 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081260185 10/27/06--01007--015 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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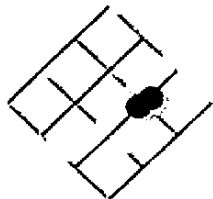
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filing empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

G. Mitchell OCT 27 2006

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MEDIMIX
INTERNATIONAL

25 October 2006

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madame,

Enclosed you will find check # 12201 in the amount of \$150.00, for 2006 Profit Corporation Reinstatement. The reason the reinstatement was not filed on time, was due to a position change. The person who was in my position before, did not inform me of the need to reinstate for 2006 Profit Corporation.

She did not advise your department of our address change, therefore, the reminder sent to us was never received. I became aware of this situation last Thursday, at which time I called to send the check and I was told it had expired at the end of September. I was asked to send a check for \$150.00 with an explanation of why we had not reinstated on time.

I would greatly appreciate your cooperation and understanding and be so kind to waive the reinstatement fees, since we have always paid on time to maintain our registration up to date.

Sincerely,

Lisette Martin
Administrative Assistant

/attachment