PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT					Glenda E. Hood Secretary of State VISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS				
DOCUMENT # P02000044416 1. Corporation Name										03 OCT	13 AM	B: 00	
MICROI	X, INC.												
Principal Place of Business Mailing A					dress								
12491 NW 15 PL 304 SUNRISE FL 33323				12491 NW 15 PL 304 SUNRISE FL 33323									
If above add	dresses are inc	orrect in any v	vay, line throu	igh incorrect in	formation a	and enter	correction be	elow.	REINS	STATE	WEN		3 mR
2. New Principal Office Address, If Applicable				3. New Mailir			de 4. Date Incorporated or Qualified			ed	04/24/2002		
2334 SW130 TEN				Suite Apt. # etc. Sw /3 City & State				Te/	5. FEI Number Applied For				plied For
<u>/*/1/4</u> ろ ノ つ2	7	Country			<u>11191</u> 27	Country	usA	•	6. CERTIFICATE	OF STATUS DESI	RED \$8.7	5 Additional or a Certificat	l Fee required te of Status
7. Names an	nd Street Addre	sses of Each	Officer and/or	Director (Flor	ida nonpro	fit corpora	tions must li	st at lea	ast 3 directors)				
Title(s)	(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip			
P (GEORGE, JOELLE				12491 NW 15 PL #304 2334 SW 130 Ter					SUNRISE FL 33323 →			
<u>v (</u>	V GEORGE, RICKIE				12491 NW 15 PL #384- 2334 Sw 130 Te/					SUNRISE FL 33323			
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V	Ges	rse	Rie	KIE	23	34	Su	1.	30 Ter	Min	nar	PL	33027 33027
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									10/13/	0301094 	U16	**150.0	10
	8. Name a	nd Address	of Current Re	egistered Age	nt		Name		9. Name and	Address of New	Registered A	gent	
GEORGE, JOELLE F 12491 NW 15 PL					Street Address (P.				2.0. Box Number is Not Acceptable)				
304 SUNRISE FL 33323					Suite, Apt. # Etc.			Iranar State Zip Code FL 33027					
10. I, being a	appointed the re	gistered agen	t of the above	named corpo	ration, am	familiar wi	th and accep	ot the ol	bligations of Secti	on 607.0505, F.S			504
Signature of Registered A	agent	oe	<u>Q</u>) / BISTERED AG	ENT MUST	<u>(</u> O	g	ر	<u>, </u>	Date	0/10	/03	

11. 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 filling this reinstate nept 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2334 SW 130 Terrace Miramar, FL 33027 1-866-MICROIX

October 10, 2003

To Whom It May Concern:

This letter is in response to a notice of administrative dissolution. I would like to inform you that I did not receive any notice of reports due or any other notice that I was late with my corporate reports. Please reinstate my company Microix Inc. Enclosed is my application for reinstatement with an address change.

Sincerely

Rickie George

Vice President

Microix, Inc.