

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 10 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000074702	
1. Entity Name AB-IFX, INCORPORATED	



Principal Place of Business 313 WILLIAMS STREET Suite 9 TALLAHASSEE, FL 32303	Mailing Address PO BOX 13962 TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite 9	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 50-0005226	Applied For Not Applicable
Zip	Country	Zip	Country

10092007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent BAILEY, CLADIE A 2026 E. PARK AVE #21104 TALLAHASSEE, FL 32301 15 shadow oak circle Crawfordville FL 32327		7. Name and Address of New Registered Agent Name Bailey Cladie A. Street Address (P.O. Box Number is Not Acceptable) 15 shadow oak circle City Crawfordville FL Zip Code 32327	
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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: Cladie A. Bailey (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, CLADIE A 2626 E. PARK AVE #21104 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bailey, Cladie A. 15 shadow oak circle Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110606023 10/10/07--01054--014 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Cladie A. Bailey 10/9/07 850 686 8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #