


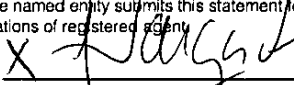
2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040177		
1. Entity Name VATRIX, INC.		

Principal Place of Business 5641 NW 112 COURT MIAMI, FL 33178	Mailing Address 5641 NW 112 COURT MIAMI, FL 33178
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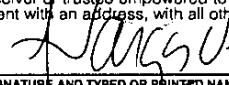
2. Principal Place of Business 4243 NW 107 AVE. Suite, Apt. #, etc. #169 City & State MIAMI, FL. Zip 33178	Country	3. Mailing Address 4243 NW 107 AVE. Suite, Apt. #, etc. #169 City & State MIAMI, FL. Zip 33178	Country
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6. Name and Address of Current Registered Agent VARGAS, IGNACIO 5641 NW 112 COURT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name VARGAS, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 4243 NW 107 AVE. #169 City MIAMI FL Zip Code 33178	
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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  Signature, typed or printed name of registered agent and title if applicable.	IGNACIA VARGAS (NOTE: Registered Agent signature required when reinstating) DATE 5/16/05

FILE NOW!!! FEE IS \$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	DP VARGAS, IGNACIO 5641 NW 112 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVST VARGAS, IGNACIO 4243 NW 107 AVE. #169 MIAMI, FL. 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TRAUTTMANSORFF, FELIPE P.O. BOX 227776 MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900055545729 06/01/05--01006--004 ***300.00 <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 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 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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	IGNACIO VARGAS, PRES. 5/16/05 Date Daytime Phone #

FILED
05 JUN -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05162005 REIN-P CR2E098 (6/04)

4. FEI Number 57-1160179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

May 16, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: **VATRIX, INC.**
Document # P03000040177
ID #57-1160179

To Whom It May Concern:

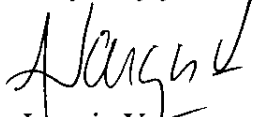
I am writing this letter to advise you that due to our change of address I did not receive your first mailing of the 2004 Uniform Business Report and been a first time filer I was not aware of the procedures, therefore, failed to file it in a timely manner and consequently my corporation was dissolved as of last year.

I respectfully request that you waive the late fee and accept the enclosed check for \$300.00 as full payment for this year and last year's report.

I sincerely apologize any inconvenience this may have caused you.

In appreciation of your understanding, I remain.

Very truly yours,


Ignacio Vargas
President
VATRIX, INC.