

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000110640

Entity Name: COMPUTERFIX INC.

FILED
Sep 19, 2005
Secretary of State

Current Principal Place of Business:

26645 BAY RD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

PO BOX 451
BONITA SPRINGS, FL 34133 US

Current Mailing Address:

26645 BAY RD
BONITA SPRINGS, FL 34134 US

New Mailing Address:

PO BOX 451
BONITA SPRINGS, FL 34133 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODINE II, WILLIAM F MR.
26645 BAY RD
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MILLER, LARRY C MR.
5581 AMOROSO DR
FT MYERS, FL 33919 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: L. CHRIS MILLER

09/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVID, SCHILLER K
Address: 28225 HIDDEN LAKE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Delete
Name: BODINE II, WILLIAM F MR.
Address: 26645 BAY RD.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MILLER, LARRY C MR.
Address: 5581 AMOROSO DR
City-St-Zip: FT MYERS, FL 33919

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: DAVID K. SCHILLER

P

09/19/2005

Electronic Signature of Signing Officer or Director

Date