


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156459		
1. Entity Name NGMX CORP.		


Principal Place of Business 907 DENT ST. TALLAHASSEE, FL 32304	Mailing Address 907 DENT ST. TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box # 210 W. Georgia St.	3. Mailing Address 210 W. Georgia St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip 32301 Country	Zip 32301 Country

6. Name and Address of Current Registered Agent MAJEED, NAIM 907 DENT ST. TALLAHASSEE, FL 32304	
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FILED
07 OCT 18 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1015 098 (1/07) **03**

4. FEI Number 25-1905488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 *Naim Majeed* DATE 10/15/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D MAJEED, NAIM 907 DENT ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400110871984 10/18/07--01055--023 **158.75 <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
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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: *Naim Majeed* DATE 10/15/07 (850) 222-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR