


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006308		
1. Entity Name IX CHEL HOLDINGS, INC.		

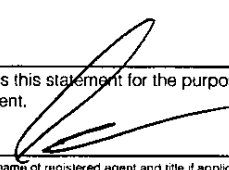
FILED
05 DEC -5 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 500 SE 32 CT FORT LAUDERDALE, FL 33316	Mailing Address 500 SE 32 CT FORT LAUDERDALE, FL 33316
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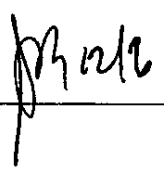
2. Principal Place of Business		3. Mailing Address 757 SE 17 ST. Suite, Apt. #, etc. # 732	
Suite, Apt. #, etc.		City & State Ft. Lauderdale, FL	
City & State	City & State	Zip	Country
		33316	USA

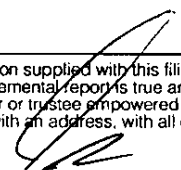
12022005 REIN-P CR2E098 (6/04)	
4. FEI Number 20-0612349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUPFERMAN, SCOTT M 757 SE 17TH STREET #732 FT. LAUDERDALE, FL 33316-2960	
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE 11/30/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	PS KUPFERMAN, SCOTT M 757 SE 17TH STREET #732 FT. LAUDERDALE, FL 333162960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061914132 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/05/05--01061--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAEFER, MATHEW J 500 SE CT. FT LAUDERDALE, FL 33316 <input checked="" 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/20/05 Daytime Phone # 957.828.1212