


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000054725		
1. Entity Name INEPEXA INC.		

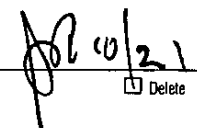
Principal Place of Business 1382 NW 78TH AVE MIAMI, FL 33126	Mailing Address 1382 NW 78TH AVE MIAMI, FL 33126
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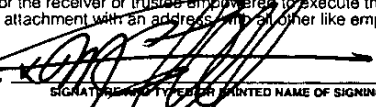
2. Principal Place of Business 9551 FONTAINEBLEAU BLVD Suite, Apt. #, etc. #519 City & State MIAMI - FLORIDA Zip 33172 Country U.S.	3. Mailing Address 9551 FONTAINEBLEAU BLVD Suite, Apt. #, etc. #519 City & State MIAMI - FLA Zip 33172 Country U.S.
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6. Name and Address of Current Registered Agent VAZQUEZ, FLOR M 1382 NW 78TH AVE MIAMI, FL 33126		7. Name and Address of New Registered Agent Name VAZQUEZ, FLOR M Street Address (P.O. Box Number is Not Acceptable) 9551 FONTAINEBLEAU BLVD #519 City MIAMI FL Zip Code 33172	
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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 	10/13/2005 DATE

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	P VAZQUEZ, FLOR M 1382 NW 78TH AVE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, FLOR M 9551 FONTAINEBLEAU BLVD #519 MIAMI - FLA 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARA, WILSON E/JUNIN Y V.M RENDON GUAYAQUIL-ECUADOR. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060694880 10/18/05--01008--008 **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

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 and all other like empowered.	
SIGNATURE 	10/13/2005 Date Daytime Phone #

FILED  
05 OCT 17 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0946961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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