



\* 758.75  
SECRETARY OF STATE

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000020292</b> 1. Entity Name <b>REDIX CONNEX, INC.</b>					
Principal Place of Business <b>4050 3RD AVE. S.W. NAPLES, FL 34919-2938</b>			Mailing Address <b>4050 3RD AVE. S.W. NAPLES, FL 34919-2938</b>		
2. Principal Place of Business <b>7550 Mission Hills Dr.</b> Suite, Apt. #, etc. <b>#120</b>		3. Mailing Address <b>7550 Mission Hills Dr.</b> Suite, Apt. #, etc. <b>#120</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES, FL</b>		10202006 REIN-P CR2E098 (11/05) <i>Bl</i>	
Zip <b>34119</b>		Country <b>USA</b>		4. FEI Number <b>51-0535442</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>VINCENT A. SABIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>237 MONTBERRY DR.</b>  City <b>NAPLES</b> <b>FL</b> Zip Code <b>34119</b>	
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 <i>Vincent A. Sabio</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-19-06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>REDIX, LISA M</b> STREET ADDRESS <b>3450 WILDWOOD LAKE CIRCLE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>000081119730</b> CITY-ST-ZIP <b>10/23/06--01047--015 **758.75</b>				
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>REDIX, CHARLES T</b> STREET ADDRESS <b>3450 WILDWOOD LAKE CIRCLE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <b>V</b> <input checked="" type="checkbox"/> Delete NAME <b>MC KELLAR, MICHAEL</b> STREET ADDRESS <b>3450 WILDWOOD LAKE CIRCLE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>MC KELLAR, LISA</b> STREET ADDRESS <b>3450 WILDWOOD LAKE CIRCLE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <i>10/26</i>				
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>REDIX, NORMA J</b> STREET ADDRESS <b>3450 WILDWOOD LAKE CIRCLE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <i>Norma J. Redix</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10/19/06 (239) 352-5350</b> <small>Date Daytime Phone #</small>	