



* 758.75
SECRETARY OF STATE

2006 FOR PROFIT CORPORATION REINSTATEMENT

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