


\* 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	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	REDIX, LISA M <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3450 WILDWOOD LAKE CIRCLE			NAME	000081119730
STREET ADDRESS	BONITA SPRINGS, FL 34134			STREET ADDRESS	10/23/06--01047--015 **758.75
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE V	REDIX, CHARLES T <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3450 WILDWOOD LAKE CIRCLE			NAME	
STREET ADDRESS	BONITA SPRINGS, FL 34134			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE V	MC KELLAR, MICHAEL <input checked="" type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3450 WILDWOOD LAKE CIRCLE			NAME	
STREET ADDRESS	BONITA SPRINGS, FL 34134			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE S	MC KELLAR, LISA <input checked="" type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3450 WILDWOOD LAKE CIRCLE			NAME	
STREET ADDRESS	BONITA SPRINGS, FL 34134			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE TD	REDIX, NORMA J <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3450 WILDWOOD LAKE CIRCLE			NAME	
STREET ADDRESS	BONITA SPRINGS, FL 34134			STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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>				DATE: 10/19/06 (239) 352-5350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

FILED

06 OCT 23 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10202006 REIN-P CR2E098 (11/05)

4. FEI Number 51-0535442 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

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SIGNATURE: *Norma J. Redix*

DATE: 10/19/06 (239) 352-5350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #