



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Mixam, Inc <i>P93 0000 63812</i> <i>2002</i>					
2. Principal Office Address 10245 La Reina Road Suite, Apt. #, etc.		3. Mailing Office Address 10245 La Reina Road Suite, Apt. #, etc.		FILED 02 DEC 16 AM 10:38 SECRETARY OF STATE TALLAHASSEE, FL 32304 000009529370 12/16/02--01103--006 **150.00	
City & State Delray Beach, Florida		City & State Delray Beach		4. Date incorporated or Qualified To Do Business in Florida 9/07/1993	
Zip 33446	Country Palm Beach	Zip 33446	Country Palm Beach	5. FEI Number 65-0437237 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Max Eida					
Street Address (P.O. Box Number is Not Acceptable) 10245 La Reina Road					
Suite, Apt. #, Etc.					
City Delray Beach				State FL	Zip Code 33446
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D,P	Max Eida	10245 La Reina Road		delray Beach, FL 33446	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>Xm ci</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 12.12.02					
Daytime Phone # 954 242 1920					

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MIXAM INC.
10245 La Reina Rd.
Delrey Beach, FL 33446

Dec. 12,02

To: Florida Dept. Of State
Division of Corporation

To whom it may concern,

Dear Sir,

I, Maxim Eida, apologize for not paying the renewal of the corporation. The reason is on August 27, 2001 I moved to the above address and never received any notice of renewal. Also, I'm using a different accountant. I found out that you resolved the corporation when I sold one of my buildings. I appreciate if you make the address change as follow:

Mixam Inc.
10245 La Reina Rd.
Delrey Beach, FL 33446
561-495-8510

Thank you for your co-operation

Yours,

Max Eida, Mixam Inc.

