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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 11 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9900004984P**

1. Corporation Name

ONVIX, INC.

2. Principal Office Address

750 94TH AVE N.

Suite, Apt. #, etc.

213

City & State

SAINT PETERSBURG FL

Zip

33702

Country

US

3. Mailing Office Address

PO BOX 55122

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG FL

Zip

33732

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/97

5. FEI Number

86-0871113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOAN KERRIGAN

Street Address (P.O. Box Number is Not Acceptable)

200 72ND AVE N.

Suite, Apt. #, Etc.

#105

City

SAINT PETERSBURG

State

FL

Zip Code

33702

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joan Kerrigan

REGISTERED AGENT MUST SIGN

Date

4/6/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PHILLIP BEAZLEY	750 94TH AVE N. STE 213	SAINT PETERSBURG FL 33702
VP	GLORIA BEAZLEY	750 94TH AVE N. STE 213	SAINT PETERSBURG FL 33702

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 contained in Chapter 119, 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:

Phillip Beazley

PHILLIP BEAZLEY

Date

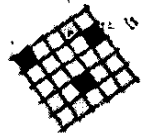
4/6/06

Daytime Phone #

7275789600

B. Mitchell APR 13 2006

806 Anna 25108



Onvix

PO Box 55122
St. Petersburg, Florida 33732-5122
V: (727) 578-9600 — F: (727) 490-3804
<http://www.futuresights.com/>

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February 3, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is our application for application for reinstatement. Per a telephone conversation with a representative of the reinstatement department, I have enclosed the original filing fee of \$150.00 per year for Uniform Business Reports for 2003, 2004 and 2005 as we never received them via mail to be filed.

Please note our address has/was changed several years ago. A separate amendment has been filed to reflect this as well.

PO Box 55122
St. Petersburg, Florida 33732-5122

If you have any questions or need further information, please let me know.

Thank you!

Phillip Beazley
Onvix, Inc.