## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000072184

Entity Name: TELEMATRIX, INC

FILED Dec 12, 2005 Secretary of State

Littly Na	ille. TELEIVIA	TRIX, INC.						
Current Principal Place of Business:					New Principal Place of Business:			
5025 GALI	MATRIX USA LEY RD DO SPRINGS,	CO 80915	US		C/O TELEMATRIX, 5025 GALLEY RD COLORADO SPRI		US	
Current Mailing Address:					New Mailing Address:			
C/O TELEMATRIX USA PO BOX 50447 COLORADO SPRINGS, CO 80960 US					C/O TELEMATRIX, INC. 5025 GALLEY RD COLORADO SPRINGS, CO 80915 US			
FEI Number	: 84-1515913	FEI Numbe	r Applied For ( )	FEI Nur	nber Not Applicable()	Certificate o	of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1201 HAYS	ATION SERVIO S STREET SSEE, FL 323		14					
	named entity e of Florida.	submits this	statement for the	purpose c	f changing its regist	ered office or regi	stered agent, or both,	
SIGNATUI	RE: DEBORA	AH D. SKIPPI	ER					
Electronic Signature of Registered Agent					Date			
Election Car	ce with s. 607.19 mpaign Financin S AND DIREC	g Trust Fund (	he corporation did no Contribution ( ).	ot receive t	•	NGES TO OFFICE	ERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:		) Delete ALE T ROAD	0915		Title: Name: Address: City-St-Zip:	()Change()A		
Title: Name: Address: City-St-Zip:	TCOB ( HERMAN, MICI 5025 GALLEY COLORADO S	ROAD	0915		Title: Name: Address: City-St-Zip:	()Change()A	Addition	
Title: Name: Address: City-St-Zip:	S ( HERMAN, DEB 5025 GALLEY COLORADO S	RD	0915		Title: Name: Address: City-St-Zip:	()Change()/	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE T. PELLETIER PCEO 12/12/2005