


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -6 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006121

1. Corporation Name
LIMIT X INC.

REINSTATEMENT 99-03

2. Principal Office Address
Suite, Apt. #, etc.
814 SAXONY LAKE DR.
City & State
ANTIOCH TN
Zip
37013

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country
USA

4. Date incorporated or Qualified To Do Business in Florida
NOV-25-1996

5. FEI Number
59-342-0111

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIA GRACIA

Street Address (P.O. Box Number is Not Acceptable)
1800 N. STATE ROAD 7

Suite, Apt. #, Etc.
70001932600

City
HOLLYWOOD

State
FL

Zip Code
33021

MRD

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 [Signature] Date 5/14/03

REGISTERED AGENT MUST SIGN

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
MR	PAUL MUTEBI	814 SAXONY LAKE DRIVE	ANTIOCH TN 37013
MR	DENNIS SEMPERWA	1013 HERON AVENUE	PEOTONE IL 60468
MR	ISAAC RUCIBIGANGO	141 N. KENWOOD STREET #24	GLENDALE CA 91206

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)(f), 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: [Signature] Date MAY 12 2003 Daytime Phone # 615-833-0528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03 (6/01)