

2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2007 DEC 31 - AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096403

1. Entity Name
SARTECH INTERNATIONAL INC.



Principal Place of Business Mailing Address

21 OCEAN BREEZE CIRCLE **21 OCEAN BREEZE CIRCLE**
ORMOND BEACH, FL 32176 **ORMOND BEACH, FL 32176**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address


AS ABOVE **AS ABOVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ORMOND BEACH FL **ORMOND BEACH FL**

Zip Country Zip Country

32176 **USA** **32176** **USA**



12142007 REIN-P CR2E098 (1/07)

4. FEI Number Applied For

59-3679387 Not Applicable

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

6. Name and Address of Current Registered Agent

RACHON, SUZANNE
21 OCEAN BREEZE CIRCLE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *Suzanne Rachon* Dec 26, 2007 DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	RACHON, SUZANNE
STREET ADDRESS	21 OCEAN BREEZE CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200113521332
STREET ADDRESS	12/31/07--01040--003 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200113521332
STREET ADDRESS	12/31/07--01040--010 **8.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Suzanne Rachon* Dec 26 2007 386-441- Date Daytime Phone # 7014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/200