

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 08, 2005
Secretary of State**

DOCUMENT# P04000042386

Entity Name: AITIL, INC.

Current Principal Place of Business:

2662 EAST ORCHARD CIR
DAVIE, FL 333286781

New Principal Place of Business:

Current Mailing Address:

2662 EAST ORCHARD CIR
DAVIE, FL 333286781

New Mailing Address:

FEI Number: 13-4276127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISMODES, LUIS A
2662 EAST ORCHARD CIR
DAVIE, FL 333286781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LUIS ISMODES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISMODES, LUIS A
Address: 2662 EAST ORCHARD CIR
City-St-Zip: DAVIE, FL 333286781

Title: D () Delete
Name: ISMODES, GLADYS
Address: 2662 EAST ORCHARD CIR
City-St-Zip: DAVIE, FL 333286781

Title: D () Delete
Name: ISMODES, PATRICIA
Address: 2662 EAST ORCHARD CIR
City-St-Zip: DAVIE, FL 333286781

Title: D () Delete
Name: ISMODES, ANA S
Address: 2662 EAST ORCHARD CIR
City-St-Zip: DAVIE, FL 333286781

Title: D () Delete
Name: ISMODES, CAROLINA
Address: 2662 EAST ORCHARD CIR
City-St-Zip: DAVIE, FL 333286781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS ISMODES

Electronic Signature of Signing Officer or Director

D

10/08/2005

Date