

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 553729

Entity Name: FITEL, INC.

FILED
Oct 22, 2007
Secretary of State

Current Principal Place of Business:

50 W. MASHTA DR. SUITE 2
KEY BISCAYNE, FL 33149

New Principal Place of Business:

1140 WINDRIDGE
EL PASO, TX 79912

Current Mailing Address:

50 W. MASHTA DR. SUITE 2
KEY BISCAYNE, FL 33149

New Mailing Address:

1140 WINDRIDGE
EL PASO, TX 79912

FEI Number: 59-2593510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T
50 W. MASHTA DR.
SUITE 2
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

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: PAUL SMITH, V.P.

10/22/2007

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: PDS () Delete
Name: LATIFF, ALFONSO,
Address: 50 W. MASHTA DR. #2
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: DE LATIFF, MARIANA,
Address: 50 W. MASHTA DR. #2
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: LATIFF, ALFONSO,
Address: 1140 WINDRIDGE
City-St-Zip: EL PASO, TX 79912

Title: SD (X) Change () Addition
Name: DE LATIFF, MARIANA,
Address: 1140 WINDRIDGE
City-St-Zip: EL PASO, TX 79912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFONSO LATIFF

P

10/22/2007

Electronic Signature of Signing Officer or Director

Date