

553729

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6384

REINSTATEMENT

11

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

499/7

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GALATIFF @ GMAIL.COM

**CORPORATION REINSTATEMENT
FITEL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$635.00

H110002201923

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FITEL, INC.
2. The principal office address: 1140 WINDRIDGE
EL PASO TX 79912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/22/1977 Document number: 553729
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

A1A REGISTERED AGENT INC.5647 110TH AVENUE NORTHP.O. Box NOT acceptableROYAL PALM BEACH, FL 33411

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

ALFONSO LATIFF, PRESIDENTPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

09/06/2011Date

If signing on behalf of an entity:

TINA MAKITyped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)

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