

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005843

Entity Name: FASTECH CLS, INC.

FILED  
Nov 09, 2008  
Secretary of State

**Current Principal Place of Business:**

2764 LAKE SAHARA DR., SUITE 111  
LAS VEGAS, NV 89117

**New Principal Place of Business:**

**Current Mailing Address:**

2764 LAKE SAHARA DR., SUITE 111  
LAS VEGAS, NV 89117

**New Mailing Address:**

FEI Number: 80-0121800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAWLS, TIM  
2740 SW MARTIN DOWNS BLVD., #320  
PALM CITY, FL 34990 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: TIM RAWLS

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: PC ( ) Delete  
Name: RAWLS, DEBRA  
Address: 2764 LAKE SAHARA DR., SUITE 111  
City-St-Zip: LAS VEGAS, NV 89117

Title: DC ( ) Delete  
Name: RAWLS, CHELSEA  
Address: 2764 LAKE SAHARA DR., SUITE 111  
City-St-Zip: LAS VEGAS, NV 89117

Title: VST ( ) Delete  
Name: RAWLS, TIM  
Address: 2764 LAKE SAHARA DR., SUITE 111  
City-St-Zip: LAS VEGAS, NV 89117

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: DC ( ) Change (X) Addition  
Name: CARR, MICHAEL G  
Address: 2764 LAKE SAHARA DR. SUITE 111  
City-St-Zip: LAS VEGAS, NV 89117

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: TIM RAWLS

Electronic Signature of Signing Officer or Director

VST

11/09/2008

Date