

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L81469

FILED  
Sep 17, 2007  
Secretary of State

Entity Name: FIEGERT-ENDOTECH INCORPORATED

**Current Principal Place of Business:**

5553 ANGLERS AVE  
SUITE #102  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5553 ANGLER'S AVNEUE  
SUITE 102  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0210753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SUAREZ, MARIA C  
5553 ANGLER'S AVENUE  
SUITE 102  
FORT LAUDERDALE, FL 33312 US

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

MIKE, ASHBY  
5553 ANGLER'S AVENUE  
SUITE 102  
FORT LAUDERDALE, FL 33312 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: MIKE ASHBY

09/17/2007

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: PD ( ) Delete  
Name: FIEGERT, WALTER  
Address: 5553 ANGLER'S AVENUE SUITE 102  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: OM (X) Delete  
Name: SUAREZ, MARIA C  
Address: 5553 ANGLER'S AVENUE SUITE 102  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WALTER FIEGERT

PD

09/17/2007

Electronic Signature of Signing Officer or Director

Date