

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # P00000096403

1. Entity Name
SARTECH INTERNATIONAL INC.



2007 DEC 31 - AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
21 OCEAN BREEZE CIRCLE
ORMOND BEACH, FL 32176

Mailing Address
21 OCEAN BREEZE CIRCLE
ORMOND BEACH, FL 32176

2. Principal Place of Business - No P.O. Box #
AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE
Suite, Apt. #, etc.

City & State
ORMOND BEACH FL
Zip
32176
Country
USA

City & State
ORMOND BEACH FL
Zip
32176
Country
USA

12142007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3679387
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RACHON, SUZANNE
21 OCEAN BREEZE CIRCLE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Suzanne Rachon
NOTE: Registered Agent signature required when reinstating.

Dec 26 2007
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RACHON, SUZANNE
21 OCEAN BREEZE CIRCLE
ORMOND BEACH, FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200113521332
12/31/07--01040--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200113521332
12/31/07--01040--010 **8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne Rachon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 26 2007 386-441-
Date Daytime Phone # 7014

1/20