11/04/02 01092 011 #763.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008310

1. Entity Name

INDO TECHNOLOGY, INC.

FILED

03 DEC 17 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03 MD

2. Principal Place of Business	3. Mailing Address	4. FEI Number
14266 E. COLONIAL DR Suite, Apt. #, etc.	14266 E. COLONIAL DR Suite, Apt. #, etc.	59-3699712 ☐ Applied For ☐ Not Applicable
City & State: ORLANDO FL	City & State: ORLANDO FL	
Zip: 32836 Country:	Zip: 32836 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PATEL KIRANKUMAR K.

Street Address (P.O. Box Number is Not Acceptable): 14266 E. COLONIAL DR

City: ORLANDO FL Zip Code: 32836

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] DATE: 12/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: PATEL KIRANKUMAR K. STREET ADDRESS: 14266 E. COLONIAL DR CITY-ST-ZIP: ORLANDO FL 32836		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	900025779319 12/26/03--01086--017 **136.25
TITLE: SVD NAME: GANDHI PRADEEP STREET ADDRESS: 14266 E COLONIAL DR CITY-ST-ZIP: ORLANDO FL 32836		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TLE: AME: REET ADDRESS: Y-ST-ZIP:		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

CR2E081B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/15/03 407-380-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #