2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2004
Secretary of State

DOCUMENT# P01000022609

Entity Name: ASPHALTECH, INC.

Current Principal Place of Business:

10220 FISHER AVENUE UNIT 7
TAMPA, FL 33619

New Principal Place of Business:

4814 CLEWIS AVE
TAMPA, FL 33610

Current Mailing Address:

10220 FISHER AVENUE UNIT 7
TAMPA, FL 33619

New Mailing Address:

4814 CLEWIS AVE
TAMPA, FL 33610

FEI Number: 59-3700474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERRY, GATES A
10220 FISHER AVE UNIT 9
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

SHERRY, GATES A
4814 CLEWIS AVE
TAMPA, FL 33610 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: SHERRY GATES 10/07/2004
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: PSD ( ) Delete
Name: GATES, SHERRY A
Address: 10220 FISHER AVENUE UNIT 9
City-St-Zip: TAMPA, FL 33619

Title: VTD ( ) Delete
Name: GATES, PAUL M
Address: 10220 FISHER AVENUE UNIT 9
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GATES, SHERRY A
Address: 4814 CLEWIS AVE
City-St-Zip: TAMPA, FL 33610

Title: VTD (X) Change ( ) Addition
Name: GATES, PAUL M
Address: 4814 CLEWIS AVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRY GATES PRES 10/07/2004
Electronic Signature of Signing Officer or Director Date