

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000117457	
1. Entity Name MICROTECH REMEDIATION, INC.	



Principal Place of Business 400 MADISON AVE #704 ORANGE PARK, FL 32065	Mailing Address 400 MADISON AVE #704 ORANGE PARK, FL 32065
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2. Principal Place of Business 400 Madison Ave. Suite, Apt. #, etc. # 104	3. Mailing Address 400 Madison Ave. Suite, Apt. #, etc. # 104
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City & State Orange Park, Fl.	City & State orange Pk., Fl.
Zip 32065	Zip 32065
Country Clay	Country Clay

10122005 REIN-P CR2E098 (6/04)

4. FEI Number 30-0002914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KISH, KENNETH 400 MADISON AVE. SUITE #104 ORANGE PARK, FL 32065	
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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 <i>Kenneth Q. Kish</i>	DATE 10/11/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISH, KENNETH 400 MADISON AVE #104 ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060686871 10/17/05--01069--008 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Kenneth Q. Kish</i>	DATE 10/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Daytime Phone #

200210