


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000079599		
1. Entity Name V TEK ENTERPRISES, INC.		

Principal Place of Business VTEK ENTERPRISES, INC. 2960 W 426 SR ALOMA OVIEDO, FL 32765	Mailing Address VTEK ENTERPRISES, INC. 2960 W 426 SR ALOMA OVIEDO, FL 32765
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2. Principal Place of Business 275 S CHICKASAW TR Suite, Apt. #, etc. #6 City & State ORLANDO, FL Zip 32825 Country	3. Mailing Address 275 S CHICKASAW TR Suite, Apt. #, etc. #6 City & State ORLANDO, FL Zip 32825 Country
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FILED  
06 MAY 10 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 REIN-P CR2E098 (11/05) 05-06

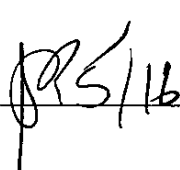
6. Name and Address of Current Registered Agent NGUYEN, THOI 10639 E COLONIAL DRIVE ORLANDO, FL 32817	7. Name and Address of New Registered Agent Name THOI, NGUYEN Street Address (P.O. Box Number is Not Acceptable) 275 S. CHICKASAW TRAIL, #6 City ORLANDO FL Zip Code 32825
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8. 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.

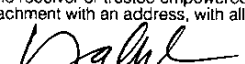
SIGNATURE:  DATE: 4-26-06

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

FILE NOW!!! FEE IS \$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 NGUYEN, THOI 10639 E COLONIAL DRIVE ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/16/05 90204 011 \$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 700075031817 05/22/06--01047--023 **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
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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 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:  DATE: 04-26-06 (407) 282-3300

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