2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P02000121161

1. Entity Name
CYNTECH INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3474 CORNING ST PORT CHARLOTTE, FL 33980 US	3474 CORNING ST PORT CHARLOTTE, FL 33980 US
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

FILED

2006 OCT 16 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10092006   REIN-P   CR2E098 (11/05)

4. FEI Number
56-2301554

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENEVIDES, ANTHONY 3474 CORNING ST PORT CHARLOTTE, FL 33980	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 _____   10-11-06

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

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVIDES, ANTHONY 3474 CORNING ST PORT CHARLOTTE, FL 33980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000809879207 10/16/06--01046--001 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: _____   10-11-06   941-624-2774

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