


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000128517</b> 1. Entity Name <b>STAMPTECH, INC.</b>					
Principal Place of Business <b>14241 60TH STREET N. CLEARWATER, FL 33760-2706</b>			Mailing Address <b>14241 60TH STREET N. CLEARWATER, FL 33760-2706</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>11-3659103</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FLORIDA FILING &amp; SEARCH SERVICES 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302</b>			7. Name and Address of New Registered Agent Name <b>Drakeford &amp; Drakeford, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14241 60th St. North</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33760</b>		
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 <b>Drakeford &amp; Drakeford - Registered Agent</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-10-05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>			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	PD <b>DRAKEFORD, WALTER H. C III 14241 60TH STREET N. CLEARWATER, FL 337602706</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800054224748</b> <b>05/10/05--01082--005 **300.00</b>	
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	
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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 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: <b>Walter H. Drakeford III</b> <b>Walter Drakeford III</b> <b>4-13-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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