

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# P03000090704

Entity Name: VENTRONIX, INC.

**Current Principal Place of Business:**

2853 EXECUTIVE PARK DR  
STE. 201  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2853 EXECUTIVE PARK DR  
STE. 201  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 51-0493926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINTERO, LUISA  
2853 EXECUTIVE PARK DR  
STE. 201  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: LUISA QUINTERO

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: P/D ( ) Delete  
Name: BIJOS, LUIZ R  
Address: 1666 ZENITH WAY  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: QUINTERO, LUISA  
Address: 868 TULIP CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete  
Name: BIGOTT, HERWING  
Address: 868 TULIP CIRCLE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUISA QUINTERO

Electronic Signature of Signing Officer or Director

D

10/15/2009

Date