2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000024443

Entity Name: ACEQUIA NETWORKS, INC.

FILED Oct 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1913 N. COMMERCE PARKWAY, 629 A EAST HILLSBORO BLVD 5 DEERFIELD BEACH, FL 33441

WESTON, FL 33326

Current Mailing Address: New Mailing Address:

1913 N. COMMERCE PARKWAY 629 A EAST HILLSBORO BLVD 5 DEERFIELD BEACH, FL 33441

WESTON, FL 33326

FEI Number: 73-1691591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HENRY, ANDRE

HENRY, ANDRE

1913 N. COMMEDCE PARKWAY

629 A FAST HILL SROPO BLVD

1913 N. COMMERCE PARKWAY

5

DEERFIELD BEACH, FL 33441 US

WESTON, FL 33326 US

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: ANDRE HENRY 10/04/2006

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: PCEO (X) Change () Addition

Name: HENRY, ANDRE Name: HENRY, ANDRE

Address: 1913 N. COMMERCE PARKWAY Address: 629 A EAST HILLSBORO BLVD

City-St-Zip: WESTON, FL 33326 City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP () Delete Title: () Change () Addition

 Name:
 ZLATKIN, MICHAEL
 Name:

 Address:
 629-A EAST HILLSBORO BLVD.
 Address:

 City-St-Zip:
 DEERFIELD BEACH, FL 33441
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 HOFFMAN, CARY
 Name:

 Address:
 629-A EAST HILLSBORO BLVD.
 Address:

 City-St-Zip:
 DEERFIELD BEACH, FL 33441
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARY HOFFMAN VP 10/04/2006