## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT # P04000057253** 2006 SEP 21 AM 11: 15 INTERNATIONAL NANOTECH, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 131 FIRST STREET NW 131 FIRST STREET NW LARGO, FL 33770 LARGO, FL 33770 3. Mailing Address 3375 North Service Ro 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/05) 04262006 REIN-P Ste A 1 City & State City & State 4. FEI Number Applied For Not Applicable <u>Burlington</u> ON 20-1869706 COUNTRY CANADA Zip Country \$8.75 Additional 5. Certificate of Status Desired L7N 362 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 131 FIRST STREET NW LARGO, FL 33770 City 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. Signature, typed or printed name of registered agent and title if applicable DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS SYSTECH SYSTEMS INTERNATION Change in Addition TITLE TITLE Delete WINN, MARVIN NAME NAME 2349 Fairview St. Ste. 106 131 FIRST STREET NW STREET ADDRESS STREET ADDRESS Burlington, ON L7N 2E3 CITY-ST-ZIP CITY - ST - ZIP LARGO, FL 33770 PRESIDENT . BYSTECH SYSTEMS TITLE Delete TITLE J. MARSH NAME 75 N. SERVICE RD, UNIT AL NAME 2349 FAIRVIEW ST. STE-106 STREET ADDRESS STREET ADDRESS BURLINGTON, ON CITY - ST - ZIP BURLINGTON, ON CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 instee 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 the property of the corporation of the receiver of instead the corporation of the corporation of the receiver of instead the corporation of the corporation of the receiver of instead the receiver of instead the receiver of instead the receiver of instead the receiver of the receiver of instead the receiver of instead the receiver of instead the receiver 2006 SIGNATURE: Daytime Phone # OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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