2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000096565

Title:

Name:

Address:

City-St-Zip:

TREA

D'ADESKY, SERGE

25 COUNTRY CLUB DRIVE

ORMOND BEACH, FL 32176

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Entity Name: AKULINK TECHNOLOGIES INC

FILED Oct 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 261 OAK DRIVE ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 261 OAK DRIVE ORMOND BEACH, FL 32176 FEI Number: 20-1913901 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: D'ADESKY, SERGE 25 COUNTRY CLUB DRIVE US ORMOND BEACH, FL 32176 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: SERGE D'ADESKY 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: PRFS () Delete () Change () Addition D'ADESKY, SERGE Name: Name: 25 COUNTRY CLUB DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: D'ADESKY, CLARA Name: 25 COUNTRY CLUB DRIVE Address: Address: ORMOND BEACH, FL 32176 City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition D'ADESKY, SERGE Name: Name: 25 COUNTRY CLUB DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SERGE D'ADESKY PRES 10/21/2007

() Change () Addition