

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000006675

1. Entity Name
BAUREX TECH, INC.



FILED

07 MAR 15 AM 9:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15020 ROCKY LEDGE DRIVE
TAMPA, FL 33625

Mailing Address
15020 ROCKY LEDGE DRIVE
TAMPA, FL 33625

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
113 South MacDill AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B

03122007 REIN-P CR2E098 (1/07)

City & State

City & State
TAMPA FL

4. FEI Number
86-1126959

Applied For
Not Applicable

Zip

Country

Zip
33609

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANG, PETER J
15020 ROCKY LEDGE DRIVE
TAMPA, FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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
D
CHANG, PETER J
15020 ROCKY LEDGE DRIVE
TAMPA, FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2007

Date

Daytime Phone #

REINSTATEMENT 06-07

600095163496
03/28/07--01036--008 **300.00

re 3/20