2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 20, 2006
Secretary of State

DOCUMENT# P05000048020

Entity Name: PLAZTEK, INC.

Current Principal Place of Business:

510 ELMWOOD AVE.
PALATKA, FL 32177

New Principal Place of Business:

510 ELMWOOD AVENUE
PALATKA, FL 32177

Current Mailing Address:

510 ELMWOOD AVE.
PALATKA, FL 32177

New Mailing Address:

510 ELMWOOD AVENUE
PALATKA, FL 32177

FEI Number: 20-2627609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OWENS, TIMOTHY D.
510 ELMWOOD AVE.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

OWENS, TIMOTHY D
510 ELMWOOD AVENUE
PALATKA, FL 32177 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: TIMOTHY D OWENS 09/20/2006
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:

Title: DP ( ) Delete
Name: OWENS, TIMOTHY D.
Address: 510 ELMWOOD AVE.
City-St-Zip: PALATKA, FL 32177

Title: DVTS ( ) Delete
Name: OWENS, SHANA D.
Address: 510 ELMWOOD AVE.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: OWENS, TIMOTHY D
Address: 510 ELMWOOD AVENUE
City-St-Zip: PALATKA, FL 32177

Title: DVTS (X) Change ( ) Addition
Name: OWENS, SHANA D
Address: 510 ELMWOOD AVEUE
City-St-Zip: PALATKA, FL 32177

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: TIMOTHY D OWENS DP 09/20/2006
Electronic Signature of Signing Officer or Director Date