


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000089995		
1. Entity Name UNOTECH, INC.		

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06 NOV 22 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4054 QUEEN ANNE DRIVE ORLANDO, FL 32839	Mailing Address 4054 QUEEN ANNE DRIVE ORLANDO, FL 32839
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REINSTATEMENT-06

2. Principal Place of Business 10151 University Blvd. Suite, Apt. #, etc. Ste 167 City & State Orlando FL Zip 32817 Country US	3. Mailing Address 10151 University Blvd. Suite, Apt. #, etc. Ste 167 City & State Orlando FL Zip 32817 Country US
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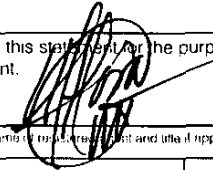


1162006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3455145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Alexander O. Rosa Street Address (P.O. Box Number is Not Acceptable) 11208 River Grove Drive City Orlando FL Zip Code 32817
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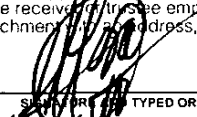
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Alexander O. Rosa 11-01-2006  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSA, ALEXANDER O 4054 QUEEN ANNE DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSA, ALEXANDER O. 11208 River Grove Drive Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROSA, IVELISSE F. 11208 RIVER GROVE DRIVE Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600082135426 11/29/06--01026--026 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered

SIGNATURE:  Alexander O. Rosa 11/01/2006 407-373-3551  
(NOTE: Signature required when reinstating) DATE Daytime Phone #