2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000026308

Entity Name: ZONTEC OZONE, INC.

GRUBER, DEAN

TAMPA, FL 33614

7821 N DALE MABRY HWY - STE 214

Name: Address:

City-St-Zip:

FILED Oct 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7821 N DALE MABRY HWY STE 214 TAMPA, FL 33614 **New Mailing Address: Current Mailing Address:** 7821 N DALE MABRY HWY STE 214 TAMPA, FL 33614 FEI Number: 20-4354352 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: O'LEARY, D. MICHAEL 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602 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: MICHAEL D. O'LEARY 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: () Delete () Change () Addition GRUBER, DEAN Name: Name: 7821 N DALE MABRY HWY - STE 214 Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: GRUBER, DEAN Name: 7821 N DALE MABRY HWY - STE 214 Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GRUBER, DEAN Name: Name: 7821 N DALE MABRY HWY - STE 214 Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEAN GRUBER **PRES** 10/01/2009