

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

1052

FILED

07 OCT -1 AM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P06000097957</b> 1. Entity Name <b>NOVATECK SYSTEMS, INC.</b>					
Principal Place of Business <b>1405 N. CONGRESS AVE. #8 DELRAY BEACH, FL 33445</b>			Mailing Address <b>1405 N. CONGRESS AVE. #8 DELRAY BEACH, FL 33445</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-5557992</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MOONEY, MARC 1405 N. CONGRESS AVE. #8 DELRAY BEACH, FL 33445</b>			7. Name and Address of New Registered Agent Name <b>Normand Bergeron</b> Street Address (P.O. Box Number is Not Acceptable) <b>1405 N. Congress Ave #8</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>		
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)		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	P.D BERGERON, NORMAND 1405 N. CONGRESS AVE. #8 DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <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	<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	
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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 with an address, with all other like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
9/28/07			951-851-4495		

2022

Florida Department of State

Re: Novateck Systems, Inc.

Dear Sir/Madam:

Please be advised that I did not receive the notice for my annual report and was unaware of the notice. Please reinstate the above company without the delinquent fee.



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Normand Bergeron,  
President, Secretary and Director