

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000146625 1. Entity Name ANTELOTECH INC.	
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Principal Place of Business 4620 SAINT CROIX LN 913 NAPLES, FL 34109	Mailing Address 4620 SAINT CROIX LN 913 NAPLES, FL 34109
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2. Principal Place of Business - No P.O. Box # 2165 GREENBACK CIR	3. Mailing Address 2165 GREENBACK CIR
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State NAPLES FL	City & State NAPLES FL
Zip 34112	Zip 34112
Country USA	Country USA

01142008 REIN-P CR2E098 (1/07)

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

6. Name and Address of Current Registered Agent ERIC, ANTELO 4620 SAINT CROIX LN 913 NAPLES, FL 34109	7. Name and Address of New Registered Agent Name ERICK ANTELO Street Address (P.O. Box Number is Not Acceptable) 2165 GREENBACK CIR # 205 City NAPLES State FL Zip Code 34112
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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 the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **1/14/08**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete ERIC, ANTELO 4620 SAINT CROIX LN NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> ERICK ANTELO 2165 GREENBACK CIR # 205 NAPLES FL 34112
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"/> 700115312937 01/16/08--01037--016 **308.75
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"/>
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"/>
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"/>
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"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE **1/14/08** DAYTIME PHONE # **239-601-2021**