

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000153385 1. Entity Name COLE-TEK ASSOCIATES, INC.						FILED 08 MAR 11 PM 12:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1651 SWAMP ROSE LANE TRINITY, FL 34655 US				Mailing Address 2749 MICAH DRIVE TRINITY, FL 34655 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1324 Seven Springs Blvd Ste. 328 New Port Richey, FL 34655 USA					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-8040899		02082008 REINSTATEMENT 07-08 Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Zip 34655	
Country		Country		6. Name and Address of Current Registered Agent DREW, KELLY 2749 MICAH DRIVE TRINITY, FL 34655		7. Name and Address of New Registered Agent Name Drew Kelly Street Address (P.O. Box Number is Not Acceptable) 1324 Seven Springs Blvd #328 City New Port Richey FL Zip Code 34655	
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 <u>Kelly L Drew</u> , <u>Kelly Drew, Accountant</u> 2-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, JASON M <input type="checkbox"/> Delete 1651 SWAMP ROSE LANE TRINITY, FL 34655			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300121253883 03/25/08--01056--007 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, JASON M <input type="checkbox"/> Delete 1651 SWAMP ROSE LANE TRINITY, FL 34655			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$73/12		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JASON M <input type="checkbox"/> Delete 1651 SWAMP ROSE LANE TRINITY, FL 34655			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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-8-08 727-455373 <small>Date Daytime Phone #</small>			