2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 05, 2008
Secretary of State

DOCUMENT# P07000009732

Entity Name: TABTEKS ENTERPRISES, INC.

Current Principal Place of Business:

10525 BERMUDA DRIVE
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

10525 BERMUDA DRIVE
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: 20-8291744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, ROBIN
10525 BERMUDA DRIVE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

CRAWFORD, ROBIN S MR.
10525 BERMUDA DRIVE
COOPER CITY, FL 33026 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: ROBIN S CRAWFORD 12/05/2008
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:

Title: PD ( ) Delete
Name: CRAWFORD, ROBIN
Address: 10525 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

Title: TSD ( ) Delete
Name: CRAWFORD, CHRISTINE
Address: 10525 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRAWFORD, ROBIN S MR.
Address: 10525 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

Title: TSD (X) Change ( ) Addition
Name: CRAWFORD, CHRISTINE M MRS.
Address: 10525 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

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.

SIGNATURE: ROBIN S CRAWFORD PD 12/05/2008
Electronic Signature of Signing Officer or Director Date