

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000078088

FILED  
Feb 15, 2010  
Secretary of State

Entity Name: MINUS FORTY TECHNOLOGIES CORP.USA

## Current Principal Place of Business:

117 COMMERCE AVE.  
LAKE PLACID, FL 33852

## New Principal Place of Business:

757 SE 17TH STREET  
SUITE 565  
FORT LAUDERDALE, FL 33316

## Current Mailing Address:

PO BOX 159  
LAKE PLACID, FL 338620159

## New Mailing Address:

757 SE 17TH STREET  
SUITE 565  
FORT LAUDERDALE, FL 33316

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ATTREE, RUSSELL  
2165 US 27 SOUTH  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

ATTREE, JULIAN PR  
190 LAKE MIRROR DRIVE  
LAKE PLACID, FL 33852 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: JULIAN ATTREE

02/15/2010

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: P  
Name: ATTREE, JULIAN  
Address: 190 LAKE MIRROR DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP  
Name: ATTREE, JULIAN  
Address: 190 LAKE MIRROR DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: S  
Name: ATTREE, JULIAN  
Address: 190 LAKE MIRROR DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: T  
Name: ATTREE, JULIAN  
Address: 190 LAKE MIRROR DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: ATTREE, JULIAN  
Address: 190 LAKE MIRROR DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: JULIAN ATTREE

P

02/15/2010

Electronic Signature of Signing Officer or Director

Date