

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000016202

FILED
Apr 13, 2008
Secretary of State

Entity Name: ALTUS AUTOMATION SYSTEMS CORPORATION, INC.

Current Principal Place of Business:

11870 W STATE ROAD 84
C10
DAVIE, FL 33325 US

New Principal Place of Business:

1457 NW 156 AVENUE
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

11870 W STATE ROAD 84
C10
DAVIE, FL 33325 US

New Mailing Address:

1457 NW 156 AVENUE
PEMBROKE PINES, FL 33028 US

FEI Number: 59-3299874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANSON, PAUL
150-C SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PAUL FRANSON

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: D () Delete
Name: FELIZZOLA, MENNA B
Address: 11870 WEST STATE ROAD 84 SUITE C10
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: VIANNA, CLAUDIA
Address: 11870 WEST STATE ROAD 84 SUITE C10
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OLIVEIRA, CLAUDIA O MAFRA
Address: 1457 NW 156 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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: CLAUDIA O. MAFRA OLIVEIRA

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04/13/2008

Electronic Signature of Signing Officer or Director

Date