

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000016808</b>					
<b>1. Entity Name</b> INTECH GROUP, INC.					
<b>Principal Place of Business</b> 8349 N.W. 68TH ST. MIAMI, FL 33166			<b>Mailing Address</b> 4339 FOXTAIL LN. WESTON, FL 33331		
<b>2. Principal Place of Business</b> 8347 NW 68st		<b>3. Mailing Address</b> 10773 NW 58st			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 46			
City & State Miami, FL		City & State Doral, FL		<b>4. FEI Number</b> 65-0730567	
Zip 33166		Country U.S.A.		Zip 33178	
Country U.S.A.		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MARTINEZ, DOMINGO R 4339 FOXTAIL LANE WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b> Name <u>Martinez Domingo R</u> Street Address (P.O. Box Number is Not Acceptable) <u>10773 NW 58st # 46</u> City <u>Miami</u> <b>FL</b> Zip Code <u>33178</u>		
<b>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.</b> SIGNATURE <u>Domingo Martinez</u> <span style="float: right;">01/15/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, DOMINGO R CEO 4339 FOXTAIL LANE WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Martinez, Domingo 10773 NW 58st # 46 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600066895296 03/01/06--01014--008 ***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"/> 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		
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		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Domingo Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/15/06 305-4714771 <small>Date Daytime Phone #</small>		

FILED

06 FEB -6 PM 3:30

SECRET  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06

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