## 2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED
DOCUMENT # P98000006674					FILL
1. Entity Name INTERTECH CONTROLS, INC.					04 DEC 20 AM 10: 29
1					SECRETARY OF STATE TAYLAHASSI L. FLORIDA
Principal Place		Mailing Address		·	TAYLAHASSI L. FLUNDA
11410 INTERCHANGE CIRCLE NORTH 11410 INTERCHANGE CIR Miramar, Fl 33025 US Miramar, Fl 33025			CIRCLE N US	NORTH	10/11/04 0/013 006 15
·					
Principal Place of Business     3. Mailing Address					
Suite, Apt,	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Trobrood Harwin Language Colon Du	
City & State	9	City & State	City & State		4. FEI Number Applied For
Zìp	Country	Zip Country		ntry	65-0807515   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
6. Name and Address of Current		t Registered Agent	egistered Agent		7. Name and Address of New Registered Agent
				Name	
BINNI; BASSAM K 1491 MEADOWS BLVD FT LAUDERDALE, FL 33327			•	Street Address	(P.O. Box Number is Not Acceptable)
PILAUDE 	RDALE, PL 33321				
				City	FL Zip Code
	named entity submits this statement lions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
   SIGNATURE_					
	Signature, typed or printed name of registered ager	et and title if applicable. (NOT	E: Register	red Agent signsture requ	12717/04-01004-001 **600.00
	E NOW!!! FEE IS \$750.00 huary 1, 2005, Fee will be \$900.	.00			15/11/10401004001 ***
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P PACCAMIC	☐ Delete	TITL		Change Addition
NAME STREET ADORESS	BINNI, BASSAM K 1491 MEADOWS BLVD		STR	LET ADDRESS	
CITY-ST-ZIP TITLE	FT LAUDERDALE, FL 33327	☐ Delete	CITY	Y-ST-ZIP	☐ Change ☐ Addition
NAME	BARAKAT, OUSSAMA	<u> </u>	NAM	AE	
STREET ADDRESS CITY-ST-ZIP	2373 SCOTTWOOD TOLEDO, OH 43620			EET ADDRESS Y-ST-ZIP	
TITLE	D . SPAFFORD, CHRISTOPHER	☐ Delete	TITI		Change Addition
NAME STREET ADDRESS	67 OAKLAND ST			EET ADDRESS	,
CITY-SI-ZIP	WILBRAHAM, MA 01095	□ Delote ~	-TITL	Y-SI-ZIP	Change Addition
NAME	EKLUND, MARIA L	El (Veible ~	NAA	AE	The state of the s
STREET ADDRESS CHY-ST-ZIP	5686 ROCK ISLAND RD # 117 TAMARAC, FL 33319			EET ADDRESS Y-SI-ZIP	,
THILE	D COURSE VILLENDA B	Delete	TITL	1	☐ Change ☐ Addition
NAME STREET ADDRESS	COWDREY, LUCINDA R 1491 MEADOWS BLVD		NAA STR	ME EET ADORESS	
CITY-ST-ZIP	WESTON, FL 33327			Y-ST-ZIP	
NAME		☐ Detete	TITL NAA		☐ Change ☐ Addition ☐
STREET ADDRESS CHY-SI-ZIP				EET ADDRESS Y-ST-ZIP	
12. Thereby of	Lertify that the information supplied w	ith this filing does not qualify fo	or the exe	emption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
of the cor	ron this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	powered to execute this repor	t as requ	ature shall have the iired by Chapter 6	e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	upe. A				
SIGNAT	SIGNATURE AND TYPED OF	HAME HAME SEMICIONING OFFICER	OR DIREC	CTOR	Date Daylime Phone #
L					