


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000006674		
1. Entity Name INTERTECH CONTROLS, INC.		

Principal Place of Business 11410 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025 US	Mailing Address 11410 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
04 DEC 20 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/11/04 01013 006 1500
REINSTATEMENT

6. Name and Address of Current Registered Agent BINNI, BASSAM K 1491 MEADOWS BLVD FT LAUDERDALE, FL 33327	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	500043223225 12/07/04--01004--001 **600.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BINNI, BASSAM K 1491 MEADOWS BLVD FT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BARAKAT, OUSSAMA 2373 SCOTTWOOD TOLEDO, OH 43620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SPAFFORD, CHRISTOPHER 67 OAKLAND ST WILBRAHAM, MA 01095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EKLUND, MARIA L 5686 ROCK ISLAND RD # 117 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COWDREY, LUCINDA R 1491 MEADOWS BLVD WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____