## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S32424

FILED Nov 16, 2009 Secretary of State

Entity Nan	ne: FLORIC	OA CIRTECH, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1309 N. 17TH AVE. GREELEY, CO 80631					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7320 GRIFI SUITE 221 DAVIE, FL			9118 GRIFFIN ROAD SUITE D COOPER CITY, FL 333	328	
FEI Number:	58-1933989	FEI Number Applied For ( ) FEI I	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MANGAN, MICHAEL P 7320 GRIFFIN ROAD, #221 DAVIE, FL 33314 US			MANGAN, MICHAEL P 9118 GRIFFIN ROAD D COOPER CITY, FL 33:	9118 GRIFFIN ROAD	
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: MICHAEL P. MANGAN				11/16/2009	
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:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD ( SCIMECA, M 6200 PHEAS, FT COLLINS,	ANT CT	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPT ( SIKORCIN, G 3103 NORTH MARENGO, II	WEST ROAD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( SCIMECA, TO	)Delete DM	Title: ( Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TOM SCIMECA S 11/16/2009

58392 RANCHO CRISTIANO

LAGUNA NIGUEL, CA 92677

Address:

City-St-Zip: