


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP -8 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT 06-08^{KS}

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # S47339 1. Corporation Name EXECUTECH COMMUNICATIONS, INC.																															
2. Principal Office Address - No P.O. Box # 5923 Ravenswood RD Suite, Apt. #, etc. G8 City & State Fort Lauderdale FL Zip Country 33312 USA		3. Mailing Office Address 3389 Sheridan St Suite, Apt. #, etc. Suite 202 City & State Hollywood Fl Zip Country 33021 USA																													
7. Name and Address of Current Registered Agent Name MAY, TED Street Address (P.O. Box Number is Not Acceptable) 4445 SW 26th Avenue Suite, Apt. #, Etc. City State Zip Code Ft Lauderdale FL 33312																															
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>[Signature]</i> Pres. Date 8-19-08 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPS</td> <td>MAY, TED</td> <td>4445 SW 26th AVE</td> <td>FT Lauderdale Fl 33312</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPS	MAY, TED	4445 SW 26th AVE	FT Lauderdale Fl 33312																				
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <i>[Signature]</i> Pres. Date 8-19-08 954-963-8052 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0263234	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

 980135637899
 09/10/08--01008--014 **450.00

ATTACHMENT #547339
EXECUTECH COMMUNICATIONS INC.

3389 Sheridan Street
Suite 202
Hollywood, FL 33021

66026878

August 9, 2005

To Whom It May Concern:

I received the postcard for the Annual Report in July. When the form arrived it said it was due in May and if do not pay by May there is a \$400 late fee. I have never paid late and do not feel it is my fault. I called the Dept. of State and they advised me to pay the \$150.00 and write this letter informing you that I did not receive the first notice. You can contact me at (954) 963-8052 ext.104 if you have any questions.

Thank You,


Ted May
President