## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# V09823

FILED Oct 19, 2004 Secretary of State

Entity Name: CITCO TECHNOLOGY MANAGEMENT, INC.

Current Principal Place of Business:			siness:	New Principal Place	New Principal Place of Business:	
	NDREWS A	/E.				
STE 700 FT LAUDI	ERDALE, FL	33309	US			
Current N	Mailing Addr	ess:		New Mailing Addres	s:	
STE 700	NDREWS A		110			
	ERDALE, FL		US			
FEI Numbei	r: 65-0307157	FEIN	lumber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			t Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1568 NW PEMBRO	PATRICIA 159TH AVEN KE PINES, FI e named entit	_ 33028	US s this statement for the	purpose of changing its registere	d office or registered agent, or both,	
1568 NW PEMBRO The above	159TH AVEN KE PINES, FI	_ 33028		purpose of changing its registere	d office or registered agent, or both,	
1568 NW PEMBRO The above	159TH AVEN KE PINES, FI e named entit te of Florida. IRE:	_ 33028 y submit	s this statement for the			
1568 NW PEMBRO The above in the Stat	159TH AVEN KE PINES, FI e named entit te of Florida. IRE:	_ 33028 y submit			d office or registered agent, or both,  Date	
1568 NW PEMBRO The above in the Stat	159TH AVEN KE PINES, FI e named entit te of Florida.  JRE: Electr	33028 y submits	s this statement for the			
1568 NW PEMBRO The above in the Stat SIGNATU	159TH AVEN KE PINES, FI e named entit te of Florida.  JRE: Electr	y submits	s this statement for the nature of Registered Ag	gent		
1568 NW PEMBRO The above in the Stat SIGNATU	159TH AVEN KE PINES, FI e named entit te of Florida.  JRE:Electrampaign Finances  RS AND DIRE	y submits onic Sigr ing Trust CTORS: ( ) Delete STIAAN REWS AVI	s this statement for the nature of Registered Ag  Fund Contribution ( ).	gent	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: PATRICIA SINTON VP 10/19/2004