

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005986

1. Corporation Name

Galleon Technology & Development Corp.

2. Principal Office Address

1090 Pinellas Bayway S.

Suite, Apt. #, etc.

#C-7

City & State

Tierra Verde, FL

Zip

33715

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 19, 2001

5. FEI Number

59-3652323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald A. Weidner

Street Address (P.O. Box Number is Not Acceptable)

1090 Pinellas Bayway S.

Suite, Apt. #, Etc.

#C-7

City

Tierra Verde

600023547976
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REINSTATEMENT *TS*
FL 33715

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	Ronald A. Weidner	1090 Pinellas Bayway S. #C-7	Tierra Verde, FL 33715
D	Anne Templin	3640 Brookwood Rd.	Birmingham, AL 35223
D	Steve Plumb	1991 Valley Brook Dr.	Okemos, MI 48805
D	Linda J. Weidner	1090 Pinellas Bayway S. #C-7	Tierra Verde, FL 33715

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 under section 119.07(3)(i), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03

Daytime Phone #

727-515-7796

CRZE081 (10/02)