

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 JAN 19 AM 11:20
[Stamp]

DOCUMENT # F16000005747

Corporation Name
Unter Technology, Inc.

900308091089

1. Principal Office Address - No P.O. Box # 1 Washingtonian Blvd.		3. Mailing Office Address	
2. Apt. #, etc.		Suite, Apt #, etc.	
4. City & State Montgomery		City & State	
5. Country 78	Country Montgomery	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1986	
5. FEI Number 52-1498419	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED Yes	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

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

City, Apt #, etc.
Tallahassee

State FL	Zip Code 32301
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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: Roxanne Turner Asst. Vice President Date: 1/19/18
REGISTERED AGENT MUST SIGN

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
CEO	Santos F. Garza	518 Rio Grande Drive	Mission, TX 78572
President	Manuel R. Garza	116 Capicorn Road	Walkersville, MD 21703
President	Trenton S. Higareda	17508 Jacobs Ct.	Derwood, MD 20855

E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Michelle Aguiar Date: 1/18/201 240-460-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 031683 8120807
AUTHORIZATION :
COST LIMIT : \$ 908.75

Spud E. ...

ORDER DATE : January 18, 2018
ORDER TIME : 6:15 PM
ORDER NO. : 031683-005
CUSTOMER NO: 8120807

REINSTATEMENT

NAME: COUNTER TECHNOLOGY, INC.

RECEIVED
DEPARTMENT OF STATE
18 JAN 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- XXX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____