2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000017607

Entity Name: PLATINUM ADVANCED TECHNOLOGIES, INC.

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5999 CENTRAL AVENUE SUITE 102 ST. PETERSBURG, FL 33710 US				303 HEAVENLY CIRCLE CLAYTON, GA 30525 US			
Current Mailing Address:				New Mailing Address:			
5999 CENTRAL AVENUE SUITE 102 ST. PETERSBURG, FL 33710 US				303 HEAVENLY CIRCLE CLAYTON, GA 30525 US			
FEI Number:	20-2501113	FEI Number Applied	For () FEI Nur	nber Not Appli	cable ()	Certificate of Stat	us Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RUBIN, JEFFREY H 5999 CENTRAL AVENUE SUITE 102 ST. PETERSBURG, FL 33710 US				SANDERS, CHRISTOPHER F 12150 SHOREVIEW DRIVE MATLACHA, FL 33993 US			
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: CHRISTOPHER F. SANDERS 10/15/2009							9
	Electronic	Signature of Regi	stered 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/CHANGES TO OFFICERS AND DIRECTORS:							
332.0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,01,, 1,1020		
Title: Name: Address: City-St-Zip:	CEOD () D SOLOMON, FREE 6212 PASADENA GULFPORT, FL 3) L POINT BLVD. SOUTH	ı	Title: Name: Address: City-St-Zip:	CEOD (X) SOLOMON, FR 303 HEAVENLY CLAYTON, GA	CIRCLE	n
Title: Name: Address: City-St-Zip:	ST () D SOLOMON, PATR 6212 PASADENA GULFPORT, FL 3	ICIA A POINT BLVD. SOUTH	ı	Title: Name: Address: City-St-Zip:	ST (X) SOLOMON, PA 303 HEAVENLY CLAYTON, GA	CIRCLE	n
Title: Name: Address: City-St-Zip:	VPD () D SANDERS, CHRIS 222 S.W. 37TH TE CAPE CORAL, FL	STOPHER F ERRACE		Title: Name: Address: City-St-Zip:	VPD (X) SANDERS, CHF 12150 SHORE\ MATLACHA, FL	/IEW DRIVE	n
Title: Name: Address: City-St-Zip:	D () D HARRINGTON, W 1633 JAMES EDV MUNSTER, IN 46	ILLIAM J VARD DR.		Title: Name: Address: City-St-Zip:	()	Change () Addition	n
Title: Name: Address: City-St-Zip:	D () D ARNOLD, KEITH 14101 RIVER RD. FT. MEYERS, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition	n
Title: Name: Address:	P (X) D JONES, JEFFREY 200 COFFEE POT	′ A		Title: Name: Address:	()	Change () Addition	n

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.

City-St-Zip:

SIGNATURE: PATRICIA A. SOLOMON ST 10/15/2009

ST. PETERSBURG, FL 33704 US

City-St-Zip: