

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 09 JUL 21 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 205000110533

1. Corporation Name STANDARD TECHNOLOGY INC.

2. Principal Office Address - No P.O. Box # 1290 HAWD AVE

Suite, Apt. #, etc. SUITE E

City & State ORMOND BEACH, FL

Zip Country 32174 USA

3. Mailing Office Address 1290 HAWD AVE

Suite, Apt. #, etc. SUITE E

City & State ORMOND BEACH, FL

Zip Country 32174 USA

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REINSTATEMENT 02-09

4. Date incorporated or Qualified To Do Business in Florida 8/9/05

5. FEI Number 20-3302832

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] \$75 Annual Fee required for all Florida entities

7. Name and Address of Current Registered Agent

Name ANTHONY J. BILELLO

Street Address (P.O. Box Number is Not Acceptable) 1290 HAWD AVE

Suite, Apt. #, Etc. SUITE E

City State Zip Code ORMOND BEACH FL 32174

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.

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 [Signature] REGISTERED AGENT MUST SIGN

Date 7/7/09

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: DPVST ANTHONY J. BILELLO 1290 HAWD AVE STE E ORMOND BEACH, FL 32174

REINSTATEMENT 02-09

07/21

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/09 Date

386-671-7406 Daytime Phone #