


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 MAR 13 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K13481

1. Corporation Name
 OMICRON TECHNOLOGIES INC

2. Principal Office Address 114 W. MAGNOLIA ST. Suite, Apt. #, etc. SUITE 400-128 City & State BELLINGHAM, WA Zip 98225 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0032447 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: WILLIAM TYRE

Street Address (P.O. Box Number is Not Acceptable): 2008 O'BRAPIA ST. 500005190515-1

Suite, Apt. #, Etc.: -04/03/02--01072--007

City: TAMPA State: FL Zip Code: 33629

***308.75 ***308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *[Signature]* Date: March 9, 2002

REGISTERED AGENT MUST SIGN

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
SEC-TR. CFO	NAYLOR, DAVID	114 W. MAGNOLIA ST.	BELLINGHAM WA 98225
DIR	FOSTER, CHRIS	114 W. MAGNOLIA ST.	BELLINGHAM WA 98225
PRES & DIR	NARWAL, SAKWINDER	114 W. MAGNOLIA ST.	BELLINGHAM WA 98225

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: *[Signature]* SAKWINDER NARWAL 03-4-02 604-762-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE001 (8/00)