

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F00000002092

1. Corporation Name

PRIMED TECHNOLOGIES, INC.

Principal Place of Business

350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH FL 33442

Mailing Address

350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

04/14/2000

5. FEI Number

65-0969433

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for BROVENICK, EVAN R and BLECHMAN, DAVID J.

200008759872 11/01/02--01070--013 \*\*750.00

Handwritten signature

8. Name and Address of Current Registered Agent

BROVENICK, EVAN 350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code.

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10/22/02

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

10/22/02

5619987020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #