2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000003310 1. Entity Name SOAR TECHNOLOGY, INC.							FILED)5	
Principal Pfac	1			. LAM.	iáni GriSTAT ASSEE, FLORI	E			
3361 ROUSE ROAD, SUITE 175 3361 ROUSE ROAD, SUI ORLANDO, FL 32817 ORLANDO, FL 32817			UITE 175		 198 188 1 1	LALLAH Ann ann ean arm ann	ASSEE, FLORI	DA Indae n idaa	
			n Court	•					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 600			10057	1944 EI	1 EN E 98 (1/07)	<u> </u>	
City & Stat	В	Sity & State ANN Firbor, Mi.			4. FEI Number 38-338			pplied For ot Applicable	
Zip	Country	48105	Country USA		5. Certificate	of Status Desired	\$8.75 Ade Fee Require	ditional ed	
	Name		7. Name and	Address of New Re	egistered Agent				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR, SUITE R WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip Coo	de	
8. 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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatting) DATE									
FILE NOWI!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00						In accordance w corporation did r	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	PCT ROSBE, JAMES R 3364 TACOMA CIRCLE ANN ARBOR, MI 48108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		⊕1 10/1;	00110 7 2/0701068	74493€ 3001 **15	□ Addition 875	
TITLE	V	☐ Delete	THE .	D			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JONES, RANDOLPH 44 BURLEIGH ST. WATERVILLE, ME 04901		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE V NAME ROTHS, KEVIN STREET ADDRESS 40808 KINGSLEY-LANE CITY-ST-ZIP NOVI, MI 48377 TITLE Delete TITT NAME STREET ADDRESS CITY-ST-ZIP NOVI, MI 48377				Hard 210	ding, Ka 9 South	otherine Seventh Mi. 4810	□ Change	Addition	
IIILE	SD SDANK	Delete	TITLE	1,7,7,7	, , , , , , , , , , , , , , , , , , ,	111/11/10/0	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KOSS, FRANK 151 KINGSBROOK AVE. ANN ARBOR, MI 48103	<u>-</u> ^ /	STREET ADDRESS CITY-SI-ZIP	991 Bril	9 Linco	In Dr. Mi. 48116	;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TALCOTT, KENT 2309 WEBER DRIVE DEXTER, MI 48130	10/15	NAME STREET ADDRESS CITY-ST-ZIP	0 "	,, .		⊕ Change	☐ Addition	
TITLE	vc	☐ Delete	(TILE)	D			(L) Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PRICE, JIM 2124 BROCKMAN BLVD. ANN ARBOR, MI 48104		NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:						10/9/07	734-317-	8000	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR			Date	Daytime Phone #		