


2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

OCT 30 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
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| DOCUMENT # F06000004556 1. Entity Name AWS CONVERGENCE TECHNOLOGIES, INC. |  |
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| Principal Place of Business 12410 MILESTONE CENTER DRIVE GERMANTOWN, MD 20876 | Mailing Address 12410 MILESTONE CENTER DRIVE GERMANTOWN, MD 20876 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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 10232008 REIN-P CR2E098 (1/07)

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| 4. FEI Number 52-2252566 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent, applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | CEOP <input type="checkbox"/> Delete MARSHALL, ROBERT 10130 GREENSWALD LINK LJAMSVILLE, MD 21754 |
| TITLE | CFO <input type="checkbox"/> Delete SPAULDING, RICHARD 13125 SCARLET OAK DRIVE DARNESTOWN, MD 20878 |
| TITLE | SVP <input type="checkbox"/> Delete SPAULDING, RICHARD 13125 SCARLET OAK DRIVE DARNESTOWN, MD 20878 |
| TITLE | SVP <input type="checkbox"/> Delete SLOOP, CHRISTOPHER 305 THORNBERRY COURT MT AIRY, MD 21771 |
| TITLE | CTO <input type="checkbox"/> Delete SLOOP, CHRISTOPHER 305 THORNBERRY COURT MT AIRY, MD 21771 |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600137478316 10/30/08--01024--009 **750.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition KS |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2008 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Robert S. MARSHALL 361-250-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #