PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08/30/19--01025--013 **1200.00

DOC-4500453-4805443755
DEPOSIT ONLY 1200.00
08/30/19--01025--013
08/30/19--01025--013 **1200.00
CR2E081 (11/10)

DOCUMENT # F15000001051

1. Corporation Name

Android Technologies, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5580 Pacific Blvd.	839 E. Winding Creek Dr.
Suite, Apt. #, etc.: # 512	Suite, Apt. #, etc.: Suite 101
City & State: Boca Raton, FL	City & State: Eagle, ID
Zip: 33433 Country: USA	Zip: 83616 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/1/2015

5. FEI Number: 82-0477562 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter Immarco

Street Address (P.O. Box Number is Not Acceptable): 5580 Pacific Blvd.

Suite, Apt. #, Etc.: # 512

City: Boca Raton State: FL Zip Code: 33433

08/30/19--01025--013 **1200.00

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08/30/19--01025--013 **1200.00

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: Peter Immarco Date: 8-25-2019
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
President	Peter Immarco	5580 Pacific Blvd. # 512	Boca Raton, FL 33433

SEP 11 2019
SEP 20 2019
2019 AUG 30 AM 10:40
SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILED

10. **E-mail Address:** glenolsen@olsenwheeler.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Peter Immarco Peter Immarco 8-25-2019 954-889-7031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #