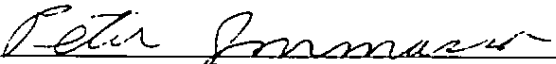
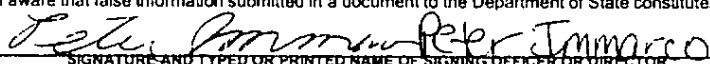


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F15000001051			
1. Corporation Name Android Technologies, Inc.			
2. Principal Office Address - No P.O. Box # 5580 Pacific Blvd.		3. Mailing Office Address 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
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
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 		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
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: 		Date: 8-25-2019	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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

009-4500453-4835448755
DEPOSIT ONLY 1200.00
08/30/19--01025--013

08/30/19--01025--013 **1200.00
CR2E081 (11/10)

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

5. FET Number
82-0477562

Applied For
Not Applicable

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

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

400334019814
08/30/19--01025--013 **1200.00

SEP 20 2019
C. K.

SEP 11 2019
C. K.

2019 AUG 30 AM 10:40
FILED
TALLAHASSEE, FL