

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006245

1. Corporation Name

Deskins Technology, Inc.

2. Principal Office Address - No P.O. Box #
118 Savona Way

3. Mailing Office Address
118 Savona Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Venice, FL

City & State
North Venice, FL

Zip
34275

Country
USA

Zip
34275

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **2/12/1997**

5. FEI Number
41-1413810

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
William Donald Deskins

Street Address (P.O. Box Number is Not Acceptable)
118 Savona Way

Suite, Apt. #, Etc.

City
North Venice

State
FL

Zip Code
34275

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **3/11/2007**

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
PVST	William Donald Deskins	118 Savona Way	North Venice, FL 34275
			700095805837 04/04/07--01040--011 **750.00

10. 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 contained in Chapter 119, 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: *William Donald Deskins* William Donald Deskins

3/11/2007

941-488-9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 19 2007