PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 23 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/02--01069--009 **450.00

DOCUMENT # £99000001069

1. Corporation Name
ABSOLUTE SOLUTIONS TECHNOLOGY, INC.

2. Principal Office Address	3. Mailing Office Address
59 STEAMWHISTLE DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: IVYLAND PA	City & State
Zip: 18974 Country: BUCKS	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/25/99

5. FEI Number: 23-2916755 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: JESSIE GARCIA

Street Address (P.O. Box Number is Not Acceptable): 2454 FORSYTHE BLVD

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32807

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] 12/20/02 Date: OCTOBER 22, 2002

REGISTERED AGENT MUST SIGN

CR2E031(P01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEROME GIULIANO	2774 SUGAN ROAD	SOLEBURY PA 18963
		00-02 4BQ	

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 under section 119.07(3)(i), 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: [signature] JEROME GIULIANO 12/20/02 215-942-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL2534F.1