
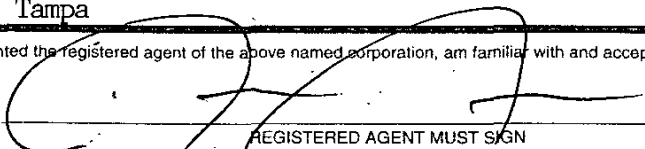
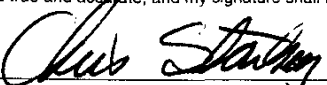


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT 30 PM 2:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L18672					
1. Corporation Name U.S. DIVERSIFIED TECHNOLOGIES, INC.					
2. Principal Office Address 149 River Street Suite, Apt. #, etc.		3. Mailing Office Address 149 River Street Suite, Apt. #, etc.		REINSTATEMENT 00	
City & State South Yarmouth, MA		City & State South Yarmouth, MA		4. Date Incorporated or Qualified To Do Business in Florida 9/26/89 SP	
Zip 02664		Country U.S.		5. FEI Number 59-3147393 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name John A. Schifino, Esquire 200003455322-0					
Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin St. 11/07/00 01076 010 ****750.00 ****750.00					
Suite, Apt. #, Etc. Suite 2600					
City Tampa				State FL	Zip Code 33602
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 10/26/00 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	
D	Santostasi, Jr. Paul	3851 Torey Pines Blvd.		Sarasota, FL	
DP	Starkey, Chris	149 River St.		So. Yarmouth, MA 02664	
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:  Chris Starkey, President 10/3/2000 508-344-2060 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					