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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP - 9 PM 4: 08

DOCUMENT # P0000003, 1. Corporation Name General Testing Inc.	SECRETARY OF STATE TALLAHASSEE. FLORIDA					
Suite, Apt. #, etc. SUITE 42 City & State MIAMI FL	3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent Name						
9. Names and Street Addresses of Each Officer and/o						
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	or Oily / Glatto / Zip				
PD BeLarmino Es	телег 9602 Sw Э7'- Мінті FL. 3	757 - Hlomi fl 33165 3145				
		5000078543159 -09/19/0201032019 ****150.00 ****150.00				

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 filling 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.

Belarmino Estevez ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR