PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS GORM.					
CORPORATION REINSTATEMENT	FLORIDA DEPAR Secretary DIVISION OF C		•	14 PM 10: 46 TARY OF STATE ASSEE, FLORIDA	
DOCUMENT # P000000 39371 1. Corporation Name			The bank of the	WORL LEVINDA	
The Dreitech Group, Inc.					
			i		
2. Principal Office Address	3. Mailing Office Address				
3586 Aloma ANL	3586 AlomA ANL.		900021518859 07/14/0301064001_**308.75		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		. 4. Date Incorporated or Qualified		
SOITE 14	SuiTe 14 City & State		To Do Business in		03
l '	, ,		5. FEI Number		Applied For
WINTER PARK, FL. Zip Country	WINTER PACK, PL		59363	9801	Not Applicable
32792 USA	32792	USA	CERTIFICATE OF STA		itional Fee required rtificate of Status
7. Name and Address of Current Registered Agent					
Name	~ .				
Andrew 1)e Street Address (P.O. Box Number is Not Acceptable)					
3708 Idlebrook circle					İ
Suite, Apt. #, Etc.					
City 100			State	Zip Code	
CASSel berry			_ FL	32707	_ {
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 Carl Do State				7/10/03	CR2E081 (10/02)
Registered Agent Cool Description Date REGISTERED GENT MUST SIGN				te	CR2
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonpro	fit corporations must list at le	ast 3 directors)		 -
Titles Name of	Name of Street Address of Eac		h City/State/7in		
Officers and/or Directors		Officer and/or Director		City / State / Zip	
P Andrew DeSTACY		3708 Idlebrook circle		sselberry FL	32707
STVD Brandon Sch	midt 283	2832 English Dr.		Dettona, FL 32738	
					
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: OL DeStray Andrew DeSTARY 7/10/03 407-679-3100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



3586 Aloma Avenue Suite 14 Winter Park, FL 32792 (407) 679-3100 www.dreitech.net

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 July 10, 2003

RE: Corporation Reinstatement

Dear Division of Corporations;

I have provided you with a completed reinstatement application. I had recently been notified that my company was showing up as Admin Dissolution for Annual Report. After further investigation to find out how this happened I noticed that the address on file with the Department of State, Division of Corporations was incorrect. I had called and was provided all the information I need to correct this problem but would like to have reinstatement fee waived because of this.

I have included a company check in the amount of \$308.75 for year 2002, 2003 and for the Certificate of Status.

Please call me if you need any information or if I can be of further assistance.

Thank you for your help,

Andrew DeStacy

President