

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC 31 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000000de310

1. Corporation Name

OEM Technologies, Inc

2. Principal Office Address

13101 SE 158<sup>th</sup> Lane

Suite, Apt. #, etc.

City & State

Weirsdale FL

Zip

32195

Country

USA

3. Mailing Office Address

P.O. Box 1218

Suite, Apt. #, etc.

City & State

Weirsdale FL

Zip

32195

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

5. FEI Number

59-3666982

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

Jay Martin

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

13061 SE 158<sup>th</sup> Lane

Suite, Apt. #, Etc.

City

Weirsdale FL 32195

State

FL

Zip Code

32195

300004785229--9

-01/18/02--01072-018

\*\*\*150.00 \*\*\*150.00

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

REGISTERED AGENT MUST SIGN

Date 11-2-01

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
Pres.	Jay Martin	13061 SE 158 <sup>th</sup> LN	WEIRSDALE FL 32195
IC	Joi MARTIN	13061 SE 158 <sup>th</sup> LN	WEIRSDALE FL 32195

I, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-01

Date

352-873-6300

Daytime Phone #

CR2E001 (9/00)

202

**OEM TECHNOLOGIES**

13101 SE 158<sup>TH</sup> LN.  
WEIRSDALE, FL 32195

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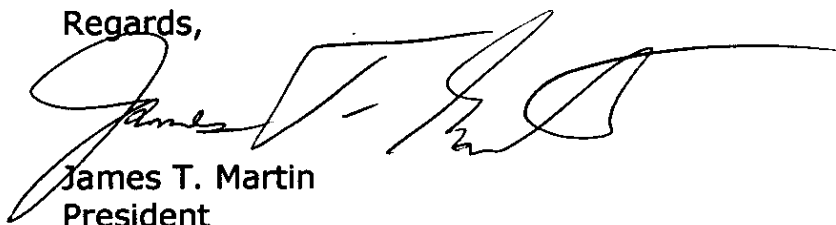
Nov. 2, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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As of this date OEM Technologies has never received the annual report to file.

Regards,

A handwritten signature in black ink, appearing to read "James T. Martin", is written over the typed name and title.

James T. Martin  
President