

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

CORPORATION REINSTATEMENT



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

FILED
Jun 27, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P00000073794
1. Corporation Name
COMPUTER TECHNOLOGY TECH, CORP.

11 / 1
\$150
CHK# 1014

2. Principal Office Address
5661 NW 112 AVE
Suite, Apt. #, etc.
113
City & State
MIAMI, FL. 3
Zip
33178 Country
USA

3. Mailing Office Address
5661 NW 112 AVE.
Suite, Apt. #, etc.
113
City & State
MIAMI, FL.
Zip
33178 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
Sta 01 90087 019 \$150

5. FEI Number 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
FRANKLIN DEPABLOS

Street Address (P.O. Box Number is Not Acceptable)
5661 NW 112 AVE.

Suite, Apt. #, Etc.
113

City
MIAM, FL

State
FL

Zip Code
33178

000006263900-0
07/09/02 01095-07
****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 [Signature] Date 5-17-2002

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
<u>1</u>	<u>FRANKLIN DEPABLOS</u>	<u>5661 NW 112 AVE, 113</u>	<u>MIAMI, FL. 33178</u>

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: FRANKLIN DEPABLOS [Signature] Date 5-17-2002 Daytime Phone # (305) 546 6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024 (05/01)