CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 12 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # P00000085516

1. Corporation Name

Wagner's Fiber Techology, Inc

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
14909 SW 80st	Same
Suite, Apt. #, etc. # Suite 103	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33193	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9-6-00

5. FEI Number 593669810   ✓ 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 Matthew William Palmisano

Street Address (P.O. Box Number is Not Acceptable) 14909 SW 80st

300080744423
10/12/06--01003--021 **105?.75

Suite, Apt. #, Etc. Suite 103

City Miami   State FL   Zip Code 33193

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 9-28-06

'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
P	Matthew William Palmisano	14909 SW 80st	Miami, FL 33193

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 contained in Chapter 119, 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: _____   9-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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