2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000003080

1. Entity Name
CRESCENT TECHNOLOGY SYSTEMS INC.

FILED
04 OCT 25 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
275 LAKE MARY BLVD W SANFORD, FL 32773	275 LAKE MARY BLVD W SANFORD, FL 32773

10222004 REIN-P CR2E098 (6/04) INSTATEMENT 2004

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number: 59-3699120 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFFER, HALIMA
275 LAKE MARY BLVD W
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] HALIMA JAFFER. 10/22/04.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFER, HALIMA 275 LAKE MARY BLVD W SANFORD, FL 32773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFER, GULAMABBAS 275 LAKE MARY BLVD W SANFORD, FL 32773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400042161604 10/25/04--01068--027 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] HALIMA JAFFER. 10/22/04 407 324 8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #