PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR EINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DCUMENT # P01000047798

Corporation Name

) & R ISLAND TECH, INC.

FILED

03 OCT 17 AM 8: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address									
85 INDUSTRIAL RD. BIG PINE KEY FL 33043			85 INDUSTRIAL RD. BIG PINE KEY FL-33043			l li	16.00 i 16.00 i 16.00 i	36544 8	
If above a	addresses are	incorrect in any way, line the	rough incorrect in	nformation a	nd enter correction below.	1			
2. New Pr	incipal Office	Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/14/2001			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe		Applied For	
City & State			City & State			65-1104080 Not Applicable			
Zip Country		Country	Zip		Country	50.70 AGG		8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s)	itle(s) Name of Officers and/or Directors		3		Street Address of Each Officer and/or Director		City / State / Zip		
DÍ	HARRISON, RONALD G			85 INDUSTRIAL RD.		BIG PINE KEY FL 33043			
				-		10/17/	9023867 0301006020	834 **750.00	
	0. No.					0. Name and		d A const	
8. Name and Address of Current Registered Agent					Name	9. Name and	Address of New Registere	u Agent	
HARRISON, RONALD G 85 INDUSTRIAL RD. BIG PINE KEY FL 33043					Street Address (F	Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.			
					City	City State Zip Code			
10. I, being	g appointed the	e registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the o	bligations of Sect			
Signature of Registered		Smald GY	CANUSU EGISTERED AG	M	SIGN		Date 10-13	-03	
11. I certify	that I am an o	officer or director or the recei	ver or trustee en	npowered to	execute this application as p	provided for in cha	apter 607 or 617, F.S. I furth	er 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

10/13/03 3058720396