


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED

06 JUN -7 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053099

1. Corporation Name

EBIT TECHNOLOGIES, INC.

CR2E081 (12/05)

2. Principal Office Address 1244 Placetas Ave. Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33146 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
--	--	---	--

4. Date Incorporated or Qualified
To Do Business in Florida 5/14/2002

5. FEI Number 030450270
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 Sheridan Dickinson

Street Address (P.O. Box Number is Not Acceptable)
1244 Placetas Ave.

Suite, Apt. #, Etc.

City Coral Gables

State FL Zip Code 33146

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 6/5/06

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	Sheridan Dickinson	1244 Placetas Ave.	Coral Gables, FL 33146

100076429511
06/21/06--01017--011 **1058.7

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #