

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079398

1. Corporation Name

POSA TECH, INC.

Principal Place of Business

Mailing Address

~~530 NW 118TH TERR.
CORAL SPRINGS FL 33071~~

~~530 NW 118TH TERR.
CORAL SPRINGS FL 33071~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2745 E Oakland Park Blvd.~~

~~Suite, Apt. #, etc.~~

~~Suite 100~~

City & State

Fort Lauderdale, FL

Zip

33306

Country

Broward

3. New Mailing Office Address, If Applicable

~~2745 E Oakland Park Blvd.~~

~~Suite, Apt. #, etc.~~

~~Suite 100~~

City & State

Fort Lauderdale, FL

Zip

33306

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

07/23/2002

5. FEI Number

56-2282950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PFEIFFER, DOUG	530 NW 118TH TERR.	CORAL SPRINGS FL 33071
D	HILL, TIM	2400 NE 10TH ST., #203	POMPANO BCH FL 33062
			900024384569 11/03/03--01081--021 **150.00

8. Name and Address of Current Registered Agent

~~SINGER, BERNARD A
3107 STIRLING RD., SUITE 105
FT. LAUDERDALE FL 33312~~

9. Name and Address of New Registered Agent

Name
Stephen W. Gilbertson, CPA
Street Address (P.O. Box Number is Not Acceptable)
2720 E Oakland Park Blvd.
Suite, Apt. #, Etc.
Suite 109
City
Fort Lauderdale
State
FL
Zip Code
33306

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature of Stephen W. Gilbertson, CPA

REGISTERED AGENT MUST SIGN

Date

10/31/03

11. 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:

Signature of Doug Pfeiffer, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

954-382-0016

Daytime Phone #

CR2E040 (7/03)

POSA TECH, INC.
2745 E OAKLAND PARK BOULEVARD, SUITE 100
FORT LAUDERDALE, FLORIDA
954-565-0616

October 31, 2003

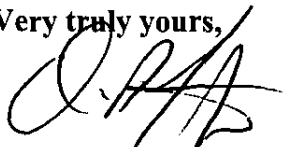
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Gentlemen:

I received the Certificate of Administrative Dissolution or Revocation for my corporation. This was the first notice that I have received regarding my corporation's annual filing fee. I am requesting that the penalty of \$600.00 be abated and I am submitting a check for \$150.00, which is the normal fee. I have no idea what happened to the other notices that I should have received from your office.

Please abate the penalty.

Very truly yours,



-Douglas Pfeiffer, CEO