FILED
04 OCT -5 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P02000088144

1. Corporation Name
C. M. Technology Consulting Corp.

2. Principal Office Address
8250 Cleary Boulevard
Suite, Apt. #, etc.
#2507
City & State
Plantation, FL
Zip 33324 Country

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: August 14, 2002

5. FEI Number
Applied For

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent:
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, etc.
City
Plantation
State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505 F.S.
Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Assistant Secretary
Date 10/4/04

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
Director	Matthew D. Mathias	8250 Cleary Blvd., #2507	Plantation / Florida / 33324
Director	David W. Conder	8250 Cleary Blvd., #2507	Plantation / Florida / 33324

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 under section 119.07(3)(i), F.S. This information indicates on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Matthew D. Mathias 10/2/04 305-981-0808
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #

04 OCT -5 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000198803 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

C.M. TECHNOLOGY CONSULTING CORP.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

Electronic Filing Menu Corporate Filing Public Access Help