
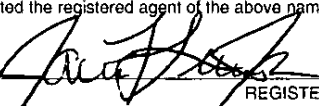
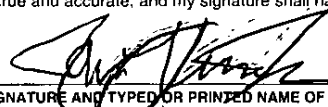


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|--|---|---|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 FEB -4 PM 5:17 - SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P02000088819 | | | | |
| 1. Corporation Name JTL Technologies, INC. | | | | |
| 2. Principal Office Address 946 McFarlan Ave | | 3. Mailing Office Address 946 McFarlan Ave. | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State Fort Walton Bch. FL | | City & State Fort Walton Beach, FL | | |
| Zip 32547 | Country USA | Zip 32547 | Country USA | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 08/2002 | | |
| | | 5. FEI Number 52-2375165 | Applied For Not Applicable | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | |
| 7. Name and Address of Current Registered Agent | | | | |
| Name James T. Lewis Jr. | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 946 McFarlan Ave. | | | | |
| Suite, Apt. #, Etc. | | | | |
| City Fort Walton Beach | | State FL | Zip Code 32547 | |
| 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  | | Date 12-31-04 | | |
| REGISTERED AGENT MUST SIGN | | | | |
| 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, T, S VDCM | James T. Lewis Jr. | 946 McFarlan Ave | Ft. Walton BCh, FL 32547 | |
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| 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. 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:  | | James T. Lewis Jr. 12-31-04 850-863-9740 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> | |

CR2E081 (01/04)