


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0 2000109914			
1. Corporation Name FAIR TECHNOLOGY INC			
2. Principal Office Address 7957 COPPERFIELD CIR Suite, Apt. #, etc. JAX, FL 3 City & State JACKSONVILLE FL Zip 32244 Country Duval		3. Mailing Office Address 8853 SAN JOSE BLVD Suite, Apt. #, etc. City & State JACKSONVILLE FL Zip 32217 Country Duval	

4. Date Incorporated or Qualified To Do Business in Florida 10-20-2001	5. FEI Number 05-8539127	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name MIKE SEABURN		
Street Address (P.O. Box Number is Not Acceptable) 7957 COPPERFIELD CIRCLE		
Suite, Apt. #, Etc.		
City JACKSONVILLE	State FL	Zip Code 32244

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

[Signature]

Date 3-31-04

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
D	MIKE SEABURN	7957 COPPERFIELD CIRCLE JACKSONVILLE, FL 32244	JACKSONVILLE FL
VD	Nidal Kanadilo	13090 CHETS CREEK AVE. JACKSONVILLE FL 32224	JACKSONVILLE FL

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:

[Signature] MIKE SEABURN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

Date

904-307-5238

Daytime Phone #

CR2E081 (01/04)