
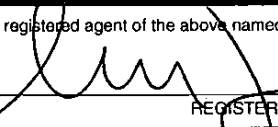



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 002000118270			
1. Corporation Name CODE 3 TECHNOLOGY, INC			
2. Principal Office Address 75 NW 166TH ST. Suite, Apt. #, etc.		3. Mailing Office Address 75 NW 166TH ST. Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL Zip 33169 Country MIAMI DADE		City & State NORTH MIAMI BEACH, FL Zip 33169 Country MIAMI-DADE	
4. Date Incorporated or Qualified To Do Business in Florida 12-23-03 01/05/026 \$150.00 REINSTATEMENT 03-05 11/4/02		5. FEI Number 57-1140880 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 ROBERT M. ABRAMSON			
Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE			
Suite, Apt. #, Etc. SUITE 1045			
City MIAMI		State FL	Zip Code 33131
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 1/12/05	
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/D	JULIO GARCIA	75 NW 166 STREET	NORTH MIAMI BEACH, FL 33169
400046293394 02/10/05--01010--014 **\$900.00			
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: 		Date 1/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULIO GARCIA		Daytime Phone # 305-986-5377	

FILED

05 JAN 31 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (01/04)