
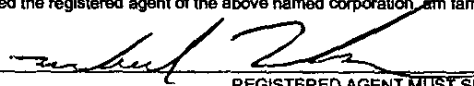
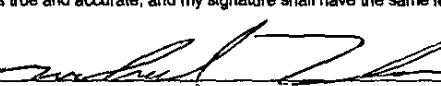


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|--|--|--|----------------------------------|---|--------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 03 OCT 16 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800024211728 10/28/03--01062--007 **150.00 | |
| DOCUMENT # | | | | | |
| 1. Corporation Name Right Angles Technologies Inc. | | | | | |
| 2. Principal Office Address 127 Duke Drive | | | 3. Mailing Office Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Lake Worth, FL | | | City & State | | |
| Zip 33460 | Country | Zip | Country | 4. Date Incorporated or Qualified To Do Business in Florida 12-12-2002 | |
| 5. FEI Number 61-1440337 | | | | 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 Michael Kramer | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 127 Duke Drive | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Lake Worth | | | | State FL | Zip Code 33460 |
| 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 10-15-2003 | |
| 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 | |
| PD | Michael Kramer | 127 Duke Drive | | Lake Worth FL, 33460 | |
| | | | | | |
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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:  | | | | 10-15-2003 (561) 586-5160 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | Daytime Phone # |

CR25081 (10/02)

RIGHT ANGLES TECHNOLOGIES INC

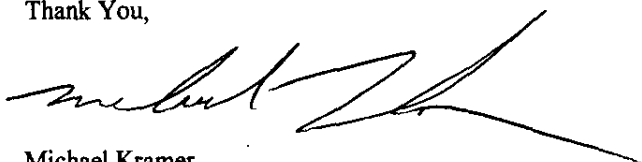
127 Duke Drive, Lake Worth Florida 33460 Voice 561-586-5160 Fax 561-586-5166

Wednesday, October 15, 2003

To Whom It May Concern:

Please waive the reinstatement fee, as we did not receive the 2003 UBR.

Thank You,

A handwritten signature in black ink, appearing to read "Michael Kramer", with a long horizontal flourish extending to the right.

Michael Kramer
President
Right Angles Technologies Inc.