

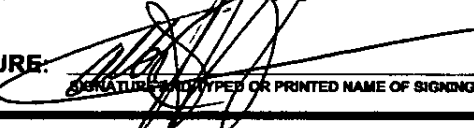


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC -5 PM 5:00	
DOCUMENT # P03000110203				
1. Corporation Name Safety Tech, Inc.				
2. Principal Office Address 8255 W. 20 th Ave Suite, Apt. #, etc.		3. Mailing Office Address 8255 W. 20 th Ave Suite, Apt. #, etc.		
City & State Hiataeah, FL Zip 33014 Country USA		City & State Hiataeah, FL Zip 33014 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Carlos Florez				
Street Address (P.O. Box Number is Not Acceptable) 8255 W. 20 th Ave				
Suite, Apt. #, Etc.				
City Hiataeah, FL		State FL	Zip Code 33014	
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 11/23/05		
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	
PDD	Carlos Florez	8255 W. 20 th Ave	Hiataeah, FL 33014	
VSD	Carlos Florez	8255 W. 20 th Ave	Hiataeah, FL 33014	
SEC	Carlos Florez	8255 W. 20 th Ave	Hiataeah, FL 33014	
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 11/23/05 Daytime Phone #		