PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 JAN 25 PM 1: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# PO 5 6800 83023 1. Corporation Name Sandt Technologies, Ive.		MERMINGSELTLONDA
2. Principal Office Address Sandt Technologies Fa Suite, Apt. #, etc. #212	3. Mailing Office Address Sand Technologies It. Sulte, Apt. #, etc.	REINSTATEMENT
City & State Sar 050 Do FL Zip Country 34240-1328 1050	City & State Lancaster PA Zip 17602 Country USA	Date Incorporated or Qualified To Do Business in Florida 1. FEI Number 20-2977872 Applied For Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required.
1192-1200	7. Name and Address of Current Registere	for a Certificate of Status
Name Roger W. Sandt Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 4532 Ocean B) Vd.		
Ch.	rasoda	State Zip Code FL 3 42 42-1328
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		
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	
Pres. Roger NI So	and t 69 Dark Lane	Lancaster, PA17603
Sec 1	()	17
Discusor) (V
		\$00082952569 01/03/0701024011 **300.00
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date		

December 30, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, F: 32314

To Whom It May Concern:

I respectfully request that the reinstatement fee for Sandt Technologies, Inc. be waived since we did not receive the annual report notice in the year 2006.

Enclosed you will find filing fees totaling \$300: \$150 for 2006 and \$150 for 2007.

Thank you very much for your kind consideration of this matter.

Sincerely,

Roger W. Sandt

President and Owner Sandt Technologies, Inc.

69 Oak Lane

Lancaster, PA 17603