


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 DEC 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000133025		
1. Entity Name STRESS ANALYSIS TECHNOLOGIES, INC		

Principal Place of Business 2109 EAST PALM AVE. TAMPA, FL 33605 US	Mailing Address 2109 EAST PALM AVE. TAMPA, FL 33605 US
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2. Principal Place of Business - No P.O. Box # 11661 San Vicente Blvd.	3. Mailing Address 11661 San Vicente Blvd.
Suite, Apt. #, etc. Suite 707	Suite, Apt. #, etc. Suite 707

City & State Los Angeles CA	City & State Los Angeles CA
Zip 90049	Country USA



11272007 REIN-P CR2E098 (1/07)

4. FEI Number N/A		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent REIBER, SAM 2109 EAST PALM AVE. 202 TAMPA, FL 33605		
7. Name and Address of New Registered Agent Name Registered Agent Solutions, Inc. Street Address (P.O. Box Number is Not Acceptable) 155 Offic Plaza Dr., Suite A City Tallahassee FL Zip Code 32301		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ricardo Orozco, Secretary 11-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/SE WILLIS, JENNIFER 2109 EAST PALM AVE TAMPA, FL 33605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bernstein, Robert M. 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D EDELSON, JOEL 2109 EAST PALM AVE. TAMPA, FL 33605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Berks, William 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/D Freedman, Joel R. 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

RH 12-07

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12/14/07--01045--018 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Bernstein 11/28/07 (310) 208-5589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #