_PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 090CT-1 AM 8:31
DOCUMENT # P080000 83383		3
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
_		EINSTATEMENT 19
Device Inc		400161247254 10/01/0301044004 **150.00
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
218 Enst Commercial	218 Enst Connerval ?	OR2E081 (12/08)
Suite, Apt. #, etc. # 208 K	208V	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 9 10 2003
Lauderdale buthe Sea	Landerdale by the Sea	5. FEI Number 263327926 Not Applicable
Zip Country	Zip Country	6. \$8.75 Additional Fee required
420 62000	33308 USA	for a Certificate of Status
7. Name and Address of	Current Registered Agent	Q
GARETH WARK		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 218 FAST Commercial BIVI		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
# 208 K	State Zip Code	fee be waived.
Laude dale by the Sea FL 33308		
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 28th September 2009		
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 Directo	
Ducke Rober WARK	2B FAST Communal	Blun #2081 Landerdu by le SEA, FC, 33308
P GARETH WARK	218 EAST COMPLECE 1 PL	4) # 2084 Landedaly by to Septe 33508
V-P Herre Yewio	W 218 1945 Conneir, al 3	WD#208x Landerdal by the Ser Fr 3230 x
VI reine yeario	or sens connect at 5	(1) Lastroan 12, 10 for fit 33
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 filling 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 Daytime Phone #		

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