


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P24717			
1. Corporation Name <i>Ambient Technologies, Inc., INC.</i>			
2. Principal Office Address <i>WAPA RANDOLPH E.</i>		3. Mailing Office Address <i>1761 W. HILLSBORO BLVD.</i>	
Suite, Apt. #, etc. <i>HARLEY POWER PLANT</i>		Suite, Apt. #, etc. <i>Suite 404</i>	
City & State <i>ST. THOMAS, U.S.V.I</i>		City & State <i>DEERFIELD BEACH, FL</i>	
Zip <i>00802</i>	Country <i>U.S. VIRGIN ISLANDS</i>	Zip <i>33442</i>	Country <i>USA</i>

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11/22/04 01069 017-#267250

4. Date Incorporated or Qualified To Do Business in Florida	<i>06/13/1989</i>
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 <i>MICHAEL TRAMER</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>1761 W. HILLSBORO BLVD.</i>		
Suite, Apt. #, Etc. <i>SUITE 404</i>		
City <i>DEERFIELD BEACH</i>	State <i>FL</i>	Zip Code <i>33442</i>

mm

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 *[Signature]* Date *8/4/05*
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
MD	MICHAEL TRAMER	1761 W. HILLSBORO BLVD. STE. 404	DEERFIELD BEACH, FL 33442

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: *[Signature]* *MICHAEL TRAMER* *8/4/05* *(954) 429-9592*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/05)