		, DEEODE O	COMPLETING THE FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE				
Sendre R Morths			PART FOR	
FOR REINSTATEMENT	Secretary of		FILED	
DIVISION OF CORPORA		DRATIONS	97 JUN 16 AM 7:58	
DOCUMENT # P94 0000 15973				
1. Corporation Name			SECTITATIY OF STATE TALLAHASSEE, FLORIDA	
AFFORDADIE LECHNOLOGY, INC.			The state of the s	
Principal Place of Business Mailing Address			'	
4621 300 75 AVE, 4621 SW 75 AVE, MIDNI, FL 33155 MIDNI, FL 3315				
MIDNI, FL 33IN MIDNI, FL 33IN				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified //	
Suite, Apt. #, etc.	suite, Apt. #, etc.		To Do Business in Florida 3/1/9 L	
City & State	State City & State		5. FEI Number Applied For Not Applied For Not Applicable	
Zip Country	Zip Coun	try	6. \$8.75 Additional Fee required	
7 Name and Otto Address of Fact Office and	District (Fig. 1)		CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director City / State / Zip				
1 2 3 (Do NOT Use Post Office Box Numbers) 4				
D SANTIDGO KOUSSEAN 4621 SW 75 DVE, MIDNI, FL 33155 B MANUELLEON JR. 4621 SW 75 QUE, MIDNI, FL 33155				
B MANUELCEON	VR. 4621 3	SW 75 (Due, Minni, FL 33155	
			3000022157736	
			-06/18/9701064011	
			***1080.00 ***1080.00	
		RFIN	STATEMENT 45-97	
			VINIEWEIVI	
			76-17-97	
8. Name and Address of Current Registered Agent Nam		Name	9. Name and Address of New Registered Agent	
SOUTIAGO ROUSSEAU		Street Address (P.	O. Box Number is Not Acceptable)	
4621 SW 75 AVE, MIDMI, FL 33155		Suite, Apt. #, Etc.		
MIRAL, I-LT				
		City	State Zip Code FL	
10. I, being appointed the registered agency to above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent Date 6-10-97 REGISTERED AGENT MUST SIGN				
11 Doos this corneration now any intensible toy to the				
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)				
12. 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 tisted 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 priy signature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #				