

FILED
 Sep 14 1998 8:00 am
 Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000027663			
1. Corporation Name ABSOLUTE ELECTRONIC TECHNOLOGY, INC. 2400 CARIBBEAN COURT ORLANDO, FL 32805-5855			
Principal Place of Business		Mailing Address	
2400 CARIBBEAN COURT ORLANDO, FL 32805-5855		SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable Bldg, Apt. #, etc.		3. New Mailing Office Address, if Applicable 2400 CARIBBEAN COURT Bldg, Apt. #, etc.	
City & State		City & State ORLANDO, FL	
Zip		Zip 32805	
Country		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 04/03/95		5. FEI Number 59-3305473	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DEARED <input checked="" type="checkbox"/>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES SEC	INGELOTTE SCHULZE	2400 CARIBBEAN COURT	ORLANDO, FL 32805-5855
			000002639820--6
			-09/15/98--01054--019
			***908.75 ***908.75
REINSTATEMENT			97-98
			9/14
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
INGELOTTE SCHULZE 2400 CARIBBEAN COURT ORLANDO, FL 32805-5855		Name Street Address (P.O. Box Number if Not Applicable) Bldg, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 897.0005, F.S.			
Signature of Registered Agent <i>[Signature]</i>		Date 9-10-98	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 chapters 807 or 817, 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 807.0401 or 817.0401, F.S., that all taxes 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(5)(b), 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: <i>[Signature]</i>		Date 9-10-98 (407) 422-1328	