


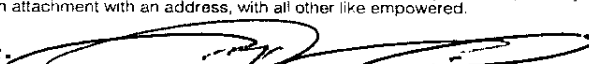


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000035445 1. Entity Name SOMMA TECHNOLOGY CORPORATION				FILED 05 NOV -7 AM 3:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05	
Principal Place of Business 2898 N.W. 79TH AVE MIAMI, FL 33122		Mailing Address 2898 N.W. 79TH AVE MIAMI, FL 33122		 1022005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business 3851 NW 58 ST.		3. Mailing Address same			
Suite, Apt. #, etc. 123		Suite, Apt. #, etc. 11			
City & State DONAL FL		City & State 11		4. FEI Number 65-0678995	
Zip 33178		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORREA, JOSE F 2898 N.W. 79TH AVE MIAMI, FL 33122				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3851 NW 58 STREET #123 City DONAL FL Zip Code 33178	
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  (NOTE: Registered Agent signature required when reinstating) DATE 11/2/05					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	D CORREA, JOSE F <input type="checkbox"/> Delete 10973 NW 73 TERR MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORREA, CLEUZA A <input type="checkbox"/> Delete 10973 NW 73 TERR MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061222077 11/07/05--01068--003 **158.75	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  (305) 411-0020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					