		ONS BEFORE (OMPLET	NG THIS FOHM.		
APPLICATION FOR		ne Harris		APPROVE U		
REINSTATEMENT		ry of State		AND THE		
DOCUMENT # P9700	000/657	OOX		E. Bak. 3.7	•	
Corporation Name			99 OCT 20 AM 9: 28			
PUBLIC TECHNOLOGIES, INC				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address					
8265 W. SULLUE PLANTATION, FO		725			70	
Y/AN TATTON For the street of the street o				\	$\mathcal{K}_{\mathcal{I}}$	
2 New Principal Office Address, If Applicable BZ65 W. Sun Puse 21.	3. New Mailing Office Add		4. Date Incorporate To Do Busin	prated or Qualified less in Florida	1,000	
Suite, Apt #, etc.	Suite, Apt. #, etc.			5 FEI Number Applied For		
PLANTATION, FLORIOR	City State	ran FL.	6.65-	0724641	Not Applicable	
Zip 33322 Country USA	²¹⁰ 33322	Country			itional Fee required, rtificate 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) and/or Directors 3				City / State / Zip		
PRES IAN GARDNER 8265 W. SIMPLE			ie Bl.	PLANTATION, FL	33372	
		4000030295949 -10/29/9901081006				
				****158.75 **	**158.75	
8. Name and Address of Current	Penistered Agent		9 Name and A	Address of New Registered Agent		
Tan Capales					12/98)	
1868 N. UNIVERSITY BUT 303 Plantation FL. 33322 Suite, Apt. #, Etc.					25081 (
PLANTATION FZ. 33322 Suite, Apt. #, Etc.						
City Plant AT 100 State Zig Code FL 33322						
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Date 10/14/19 REGISTERED AGENT MUST SIGN						
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No						
12 1 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 the 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 has 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 individuals listed on this application is true and accorded and my signature shall have the same legal effect as if made under oath.						
SIGNATURE: SIGNATURE AND TYPED OR PRI	APON	EL- CER OR DIRECTOR	10/1	4/99 954- 723		

PUBLIC TECHNOLOGIES, INC.

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

October 14, 1999

To whom it may concern:

Please be advised that my corporation was only dissolved about one week before I telephoned the Florida Department of State looking for my annual return which I never received, probably due to my change of address. So if you could please consider reinstatement without the penalty - as a small corporation it would be much appreciated. I have enclosed \$150.00 for the annual return fee plus \$8.75 for a certificate of status for a total of \$158.75.

Thanking you in advance for your assistance in this matter.

lan Gardner President