

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -5 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **897000003769**

1. Corporation Name

WarnerTechnolgies, Inc

100087711481
02/08/07--01005--028 **750.00

2. Principal Office Address
851Benchwood Dr

Suite, Apt. #, etc.

City & State
Winter Springs FL

Zip
32708

Country
USA

3. Mailing Office Address
5703 Red Bug Lake Rd

Suite, Apt. #, etc.
#311

City & State
Winter Springs FL

Zip
32708

Country
USA

CR2E081 (12/05)

03-07

4. Date incorporated or Qualified
To Do Business in Florida **01/14/1997**

5. FEL Number
59-342-0098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven Warner

Street Address (P.O. Box Number is Not Acceptable)
851Benchwood Dr

Suite, Apt. #, Etc.

City
Winter Springs

State
FL

Zip Code
32708

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

Date **10-7-07**

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 |
|--------|--------------------------------------|---|-------------------------|
| pres | Steven Warner | 851Benchwood Dr | Winter Springs FL 32708 |
| vp | Jane Warner | 851Benchwood Dr | Winter Springs FL 32708 |
| | | | |
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| | | | |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-7-07

407-696-7434

7C 2/7

2082

Warner Technologies, Inc

5703 Red Bug Lake Road, #311
Winter Springs, FL 32708

Tel: 407.696.7434
Fax: 407.386.3100

www.warnertech.cc

January 11, 2007

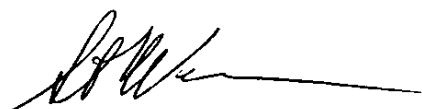
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Warner Technologies, Inc. did not receive the annual report notices in the year (2003) of dissolution of the corporation.

Enclosed find a check for \$608.75 to reinstate Warner Technologies, Inc. and a Certificate of Status.

Sincerely,



Steven Warner