

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # P97000032323 1. Corporation Name AGE FILL TECHNOLOGIES, INC.		99 OCT 20 AM 8:34 		
Principal Place of Business 21218 ST. ANDREWS BLVD. SUITE 236 BOCA RATON FL 33433		Mailing Address 21218 ST. ANDREWS BLVD. SUITE 236 BOCA RATON FL 33433		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable PMB-236 Suite, Apt. #, etc. 21218 ST ANDREWS BLVD City & State BOCA RATON, FL. Zip 33433 Country USA		3. New Mailing Office Address, If Applicable PMB-236 Suite, Apt. #, etc. 21218 ST. ANDREWS BLVD City & State BOCA RATON, FL Zip 33433 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 04/09/1997 5. FEI Number 59-3441408 6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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)				
1	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D	POLLOCK, RICHARD	21218 ST. ANDREWS BLVD.	BOCA RATON FL 33433	
			300003032133--2 -11/02/99--01044--011 *****150.00 *****150.00	
8. Name and Address of Current Registered Agent MILDNER, ROY T 10570 SOUTH US HIGHWAY ONE SUITE 300 PORT ST LUCIE FL 34952		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, 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 REGISTERED AGENT MUST SIGN		Date 10-15-99		
11. 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 under section 119.07(3)(i), 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: RICHARD B POLLOCK 10-15-99 954-415-8310 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

CPC040 (8/99)

**AGE FILL TECHNOLOGIES, INC.
PMB 236
21218 St. Andrews Boulevard
Boca Raton, Florida 33433**

October 15, 1999

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

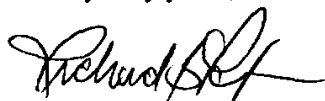
Re: Reinstatement of Age Fill Technologies, Inc.

Dear Sirs:

I am in receipt of the State's Notice of Administrative Dissolution or Revocation of the above-referenced corporation. Please be advised that this corporation has never received an Annual Report from the State, and therefore did not file same. Due to the foregoing facts, I am hereby requesting waiver of the reinstatement fee of \$600.00, and enclose herewith our check in the amount of \$150.00, along with the Application for Reinstatement.

Thank you for your courtesy and cooperation herein. If you should have any questions or require further information, please feel free to contact me.

Very truly yours,


RICHARD POLLOCK
President