PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 28 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081229

1. Corporation Name
ADVANCED MEDICAL KNOWLEDGE AND TECHNIQUES INC.

000015664470
04/11/03--01004--019 **450.00
01-03

2. Principal Office Address	3. Mailing Office Address
12310 Riverfalls Court	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State
Zip: 33428 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/1997

5. FEI Number: 65-0789566 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required

7. Name and Address of Current Registered Agent

Name: STEVEN GARELLEK LAW OFFICES
Street Address (P.O. Box Number is Not Acceptable): 700 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.: # 200
City: BOCA RATON, State: FL, Zip Code: 33432

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: Brigitte Fourage-Fourage (REGISTERED AGENT MUST SIGN) Date: April 3rd 2003

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
	BRIGITTE FOURAGE (President)	12310 Riverfalls Ct	Boca Raton, FL. 33428

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 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: Brigitte Fourage April 3rd 2003 (561) 482-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Advanced Medical Knowledge And Techniques, Inc.

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

To whom it may concern,

From 1998,,1999, and 2000 we have received and paid the **PROFIT CORPORATION ANNUAL REPORT.**
Being foreigner and not being in the United States all the time, we taught that this report as been canceled by your government. For the reason that even after the changed of address that we have made in Mars 2000, when we moved back to our fisrt address, we received the 2000 form with a sticker over the old address.
Our new accountant as just notified us, that we where not registered any more when she went on the internet web site to find our corporation number.
We have spoken to one of your employee, and she told us that the form that you have sent us as returned back to you for the year 2001. We do not know what happened, but please check our address on your computer and make the change if necessary. We are at the same address since 1997.
Please find inclose payment for **2001-2002-2003** as you mentionned on our communication April second 2003.
Amount of $450.00

Thank you in advance for making the necessary,

Sincerely

Brigitte Fourage (president)

12310 Riverfalls Court, Boca Raton, FL 33428
Tel: **(561) 482-2398** *Fax:* **(561) 482-2373**
E-mail: **amkat@adelphia.net**