PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 MAR -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1082

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000036468

1. Corporation Name

Van Horn Technologies, Inc.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
2400 W. Copans Rd.	
Suite, Apt. #, etc.: 6A	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State
Zip: 33069 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: April 22, 1998

5. FEI Number: 65-084-7173 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code:

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: BRIAN COURTNEY, ASST. V.P. Date: 3/2/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	Hal Katz	195 Engineers Road	Hauppauge, NY 11788

000003796198--6

LS

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: Delia Mercado DELIA MERCADO 2/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC THE UNITED STATES CORPORATION COMPANY

202

ACCOUNT NO. : 072100000032

REFERENCE : 063911 7261644

AUTHORIZATION :

COST LIMIT : $ 1050.00 Patricia Pigott

ORDER DATE : March 2, 2001

ORDER TIME : 11:22 AM

ORDER NO. : 063911-005

CUSTOMER NO: 7261644

CUSTOMER: Ralph Hochberg, Esq
Skolnick, Hochberg &
122 East 42nd Street

New York, NY 10168

DOMESTIC FILINGS

NAME: VAN HORN TECHNOLOGIES, INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR -2 PM 12:59

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____