

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000050605

1. Corporation Name

A2Z Technical Services, Inc.

2. Principal Office Address

4779 Ridgemoor Circle

Suite, Apt. #, etc.

3. Mailing Office Address

4779 Ridgemoor Circle

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34685

Country

U.S.

Zip

34685

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1999

5. FEI Number

59-3580193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Lisa Abbruzzese

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

4779 Ridgemoor Circle

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Lisa Abbruzzese

REGISTERED AGENT MUST SIGN

Date 10/31/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Lisa Abbruzzese	4779 Ridgemoor Circle	Palm Harbor, FL 34685
VD	Dominick P. Abbruzzese	4779 Ridgemoor Circle	Palm Harbor, FL 34685

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)(b), 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:

Lisa Abbruzzese

Lisa Abbruzzese

10/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR

Daytime Phone #

OR

Florida Department of State
Division of Corporations
Public Access System

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A2Z TECHNICAL SERVICES, INC.

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