PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

									•		
	PRATION ATEMENT			RTMENT OF Stary of State corporations	TATE		Ol _k	FILE JUL 26 A			
DOCUMENT # Q99 100 U 0 589 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Dei	w Tec	hnold gái	ES, INC							NB.	
0.5:										Cyto	
9439 Fo Suite, Apt. #, etc.	NTAINE	BLEAU BLUD	3. Mailing Office Add 9439 FONTAL Suite, Apt. #, etc.	FONTAINEBLEAU BLVD			reastatement 01-04				
III			ul			4. Date Incorporated or Qualified To Do Business in Florida					
City & State MIAMI FL			Phiami, FL			5. FEI Number		7111	— — · · ·	lied For	
Zíp	Count	· /	Zip	Country	·	6.	- <i>10</i> 2	\$8	.75 Additional		
33172	<u>]</u> u	·S·A	33172	U.S.A	Recistemo		OI GIATO		for a Certificate	of Status	
Name Warlen Frasel Street Address (P.O. Box Number is Not Acceptable) 9439 Fontainerleau Bund 07/26/0401054008 **600 00 Suite, Apt. #, Etc. 111 City State Zip Code Miami FL 33/72											
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 Signature of Registered Agent Date 06/16/ REGISTERED AGENT MUST SIGN										CROFCM (01/04)	
9. Names and	Street Addresse	s of Each Officer and	or Director (Florida non	profit corporations mus	st list at leas	t 3 directors)					
Titles					treet Address of Each Officer and/or Director			City / State / Zip			
DL	JARREN	Fraser	943	FONTAINE	BLEAU	III I BLVD	Mi	ані, F2	3317	12	
			4					The state of the s	·		
		·									
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: Warren Hools
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/16 2004 305552 1256 Date Daytime Phone #

Par 2 92

DEW Technologies, Inc., 9439 Fountainbleau Boulevard, Miami, FL. 33172, April 1, 2004

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

To whom it may concern,

We are requesting that DEW Technologies, Inc. with identification number P99000110589, reinstatement fee be waived, since the prior-UBR notices were not received.

Thanking you in advance.

Yours truly,

Warren Fraser (President)