PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

03 JUL 25 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S00268

1. Corporation Name
ASSURANCE BUSINESS TECHNOLOGY

REINSTATEMENT 97-03

2. Principal Office Address	**3.** Mailing Office Address
652 ARBOR LAKE LANE	652 ARBOR LAKE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33602 Country: USA	Zip: 33602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/1990

5. FEI Number: 593111901 ☐ 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: CHRISTINE M. WOLF

700021761327
07/24/03--01024--005 **1650.00

Street Address (P.O. Box Number is Not Acceptable): 652 ARBOR LAKE LANE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33602

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: Christine M. Wolf Date: 7/21/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PC	CHRISTINE M. WOLF	652 ARBOR LAKE LANE	TAMPA, FL 33602
VPT	WILLIAM T. MOORE	18026 SPENCER RD	ODESSA, FL 33556
VPS	MARK A. CREWS	644 BAYSHORE DRIVE	TARPON SPRINGS, FL 34689

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: Christine M. Wolf CHRISTINE M. WOLF 7/21/03 813-601-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #