

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

DOCUMENT # V10974

1. Corporation Name

ACHABAL TECHNOLOGIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



700028732907
02/13/04--01035--011 **300.00

Principal Place of Business Mailing Address
4543 SADDLEWORTH CIRCLE SUITE 202 ORLANDO FL 32826 US
4543 SADDLEWORTH CR. SUITE 202 ORLANDO FL 32826 US
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4543 SADDLEWORTH CR
Suite, Apt. #, etc.
City & State
ORLANDO, FL
Zip
32826
Country
ORANGE

3. New Mailing Office Address, If Applicable
53 DRENNEN ROAD
Suite, Apt. #, etc.
City & State
ORLANDO, FLORIDA
Zip
32806
Country
ORANGE

4. Date Incorporated or Qualified To Do Business in Florida
--01/31/1992--

5. FEI Number
59-3105221
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NOBREGA, JORGE L.	4543 SADDLEWORTH CIRCLE	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~NOBREGA, JORGE L.~~
4543 SADDLEWORTH CIRCLE
SUITE 202
ORLANDO FL 32826

Name
NOBREGA, JORGE L.
Street Address (P.O. Box Number is Not Acceptable)
4543 SADDLEWORTH CIRCLE
Suite, Apt. #, Etc.
City
ORLANDO
State
FL
Zip Code
32826

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 02/02/04.

11. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/02/04 / 407 8103277
Daytime Phone #

CR2E040 (7/03)



Friday, February 06, 2004

Division of corporations
Annual Report/ Reinstatement Section
Tel 850 845-6059

Ref: Request to wave the reinstatement fee.

Dear Sir, Maddam,

We would like to request a wave of the reinstatement fee as we did not receive the annual report for the year 2003. We have been inactive since 06/30/02. This can be verified with the Florida unemployment dept (account # 1409983-7)

Annexed please find a check for \$300 for the year 2003 and 2004.

Best Reagards,

Jorge L. Nobrega
President

A handwritten signature in black ink, appearing to read 'Jorge L. Nobrega', is written over the typed name and title.

PLEASE NOTE NEW ADDRESS

53 DRENNEN ROAD
ORLANDO, FL 32806

~~TEL 407-855-2348~~

FAX 407-857-6345