

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
DIVISION OF

07 NOV - 5

DOCUMENT # F99000002920

1. Corporation Name

22nd Century Technologies, Inc

700112385687
11/16/07--01049--017 **1200.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2, Executive Drive

3. Mailing Office Address

Suite, Apt. #, etc

230

Suite, Apt. #, etc

City & State

Somerset NJ

City & State

Zip

08873

Country

Somerset

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida

March 24, 1997

5. FEI Number **223502121**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

3375 ASSIGNED TO...

7. Name and Address of Current Registered Agent

Name

Charles Spalding

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

904 Magdalena Road, Palm Beach Gardens

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code
33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Charles F. Spalding

REGISTERED AGENT MUST SIGN

Date **11/1/2007**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Satvinder Singh	7 Ash Court	Clinton/NJ/08873

REINSTATEMENT

04-07 B 10/08/07

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 contained in Chapter 119, 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

11/2/07

Date

732-537-9191 @ 268

Daytime Phone #