FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 JUL 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

700006878907--5
-08/02/02--01057--001
****917.50 ****917.50

DOCUMENT # 484713

1. Corporation Name: Bimeco, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
4742 Aviation Pkwy		3700 E. Columbia St.	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
Ste. C		Ste. 100	
City & State		City & State	
Atlanta, GA		Tucson, AZ	
Zip	Country	Zip	Country
30349	USA	85714	USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-18-75

5. FEI Number: 59-1640852 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent: Connie Brown
REGISTERED AGENT MUST SIGN

Date: 7/23/02

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
D/T/S	Shaun McMeans	3700 E. COLUMBIA STREET	TUCSON, AZ 85714
D	BRADFORD C. WALKER	3700 E. COLUMBIA STREET	TUCSON, AZ 85714

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 61 T. 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: Shaun McMeans — 7-22-02 — 520-512-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/18/01 C T System Online

gs 7/23/02