PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -9 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 854946

1. Corporation Name

ENTECH ENGINEERING, INC.

Principal Place of Business	Mailing Address
5301 VIRGINIA WAY STE 140 BRENTWOOD TN 37027 US	5301 VIRGINIA WAY STE 140 BRENTWOOD TN 37027 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/1982

5. FEI Number: 62-0905471 ☐ 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
PD	SIMPSON, MITCHELL D	~~1408 SHANNON PL~~ 2010 Waterstone Drive	~~OLD HICKORY TN 37138~~ Franklin, TN 37069
SD	BILLINGS, PAUL B.	1113 TWIN SPRINGS DRIVE	BRENTWOOD TN
VD	HUNTER, BENJAMIN L	1408 CARTER RD	OAK GROVE KY

100009415091
12/09/02--01037--008 **750.00

8. Name and Address of Current Registered Agent

WALLER, ROLAND D.
301 WEST MAIN ST
NEW PORT RICHEY FL 33552

9. Name and Address of New Registered Agent

Name: CT Corporation Systems
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation | State: FL | Zip Code: 33324

CR2E040 (8/02)

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: Dale W Morris REGISTERED DALE W. MORRIS ASSISTANT VICE PRESIDENT Date: 11-27-02

REGISTERED AGENT MUST SIGN

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 REQUIRED Mitchell D. Simpson 11-26-02 615-373-2640

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