

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

15 SEP 23 PM 3:06

STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F03000002806**

1. Corporation Name  
**Engineering Design Technologies, Inc.**

2. Principal Office Address - No P.O. Box # <b>1705 Enterprise Way</b>		3. Mailing Office Address <b>1705 Enterprise Way</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Manetta Ga 30067</b>		City & State <b>Manetta Ga</b>	
Zip <b>30067</b>	Country <b>USA</b>	Zip <b>30067</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida  
**FEB, 24 1993**

5. FEI Number  
**58-2034541**

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 Numbers Not Acceptable)  
**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

**400276632324**  
09/23/15--01013--001 \*\*1508.75

**400276632324**  
03/01/15--01003--001 \*\*750.00

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  
*[Signature]* **April Wittenwyler, Assistant Secretary** Date **8/27/15**

REGISTERED AGENT MUST SIGN

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
	<b>Please see ATTACHED SHEET.</b>		

**REINSTATEMENT**

10. E-mail Address: **sherry.snyder@edinc.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *[Signature]* Date **8/27/15** 770-988-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Engineering Design Technologies, Inc.**  
**Officers of the Corporation**

1. President – Anthony Taylor  
1437 Greenwood Trail  
Lithonia GA 30058  
404.626.1784
  
2. Corporate Secretary – Frydoun (Fred) Fatemi  
721 Club Lane South  
Marietta GA 30067  
404.401.4061
  
3. Corporate Counsel – Richard Kaye  
Tayor/English  
1600 Parkwood Circle  
Suite 400  
Atlanta GA 30339  
404.312.4487
  
4. Director – Haywood Curry  
201 W. Ponce de Leon  
Decatur GA 30030  
404.403.3009