

## Florida Department of State

Division of Corporations Public Access System

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Applied Proactive Technologies, Inc.

Certificate of Status	1
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### **COVER LETTER**

TO:

New Filing Section

Division of Corporations

SUBJECT: APPLIED PROACTIVE TECHNOLOGIES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Confidence of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:	
Greg Letshman	
(Name of Person)	
Applied Proactive Technologies, Inc.	
(Firm/Company)	
1242 Main Street Ste. 413	
(Address)	
Springfield MA 01103-1954	
(City/State and Zip code)	
•	
For further information concerning this matter, please call:	
Comment and the second second	,
(Name of Person) at (413 ) 731-6546 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for	r the following amount:	
\$70.00 Filing Fee	S78.75 Filing For & Certificate of Status	S78.75 Filing Fee & Certified Copy  Certified Copy  Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	ED PROACTIVE corporation; must include "INCO corp." "Ina," "Co," or "Corp.")	TFCHNOLO	GIES, INC. MPANY," "CORPORA	LTION,"	•
(If name mavail	able in Florida, enter alternate c	orporate name adopt	ed for the purpose of tran	sacting business in Flor	ida)
2. Massas (State or country	huse is under the law of which it is inco		4-33 <u>29062</u> (PEI number,	if applicable)	<del></del>
4. <u>Augu</u> (Date	st 6 <sup>th</sup> 1996 of incorporation)	5. <u>(Du</u>	perpetual	ass to exist or "perpetu	<u></u>
a To be	defermined - cyrr (Date first transa (SEB SECTIONS 607	cted business in Flori	ivia processida, if prior to registration S., to determine penalty	1) liability)	
	Main St. Ste. 41.	3 Springfi ipal office address)	eld MA one	<u>3</u>	<del></del>
Same_	(Curre	nt mailing address)		·	
8. Implement (Purpose(s	tation and managem	ent of energions on country	y efficiency plot in state	rograms of Florida S	·
9. Name and street	<u>it address</u> of Florida registere	d agent: (P.O. Box	: NOT acceptable)	AREA BI	T
Name:	Registered Age	nt Solution	s, Inc.	TAR ASS	
Office Address:	155 Office Plaz			7 P	m
	Tallahassee		Florida 32301	TOTAL STA	O
	(City)		(Zip code)	SE 45	
Having been nam designated in this further agree to c	gent's acceptance: led as registered agent and to application, I hereby accept omply with the provisions of	the appointment a all statutes relative	s registered agent and to the proper and cor	agree to act in this c	apacity.

(Registered agent's signature)

1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FAX NO. :8502160460

HO7000253900/

12. Names and business addresses of officers and/or directors:  A. DIRECTORS  Chairman:	
A. DIRECTORS	į,
Chaltman:	
Address:	
Vice Chairman:	
Address:	
Director: David J. Leishman	
Address: 78 S. Main St. Suffield C.T 06078	
Director: Janet K. Leishman	
Address: 78 5. Main St. Suffield CT 06078	
B. OFFICERS	
President: David J. Leishman	
Address: 78 S. Main St. Suffield CT 06078	
Vice Prosident:	
•	
Address:	~~^
Secretary: Paul P. Nicolai	
Address: 24 Venture Dr. Springfield MA 11119	
Tressurer: David J. Leishman	
Address: 78 S. Main St. Suffield CT 06078	
Accordes:	
NOTE: If necessary, you may attach on addendam to the application listing additional officers and/or directors.	
13.	
(Signature of Different of Officer listed in number 12 of the application)  DAVID J. LEISHMAN PRESIDENT	
DAVID J. LEISHMAN PRESIDENT  (Typed or primed name and capacity of person signing application)	_



# The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

October 8, 2007

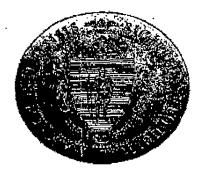
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office.

APPLIED PROACTIVE TECHNOLOGIES, INC.

is a domestic corporation organized on August 6, 1996, under the General Laws of the Commonwealth of Massachusetts.

I further cortify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of the Commonwealth

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