

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# F07000005067

Entity Name: APPLIED PROACTIVE TECHNOLOGIES, INC.

Current Principal Place of Business:

1242 MAIN ST., SUITE 413
SPRINGFIELD, MA 01103

New Principal Place of Business:

Current Mailing Address:

1242 MAIN ST., SUITE 413
SPRINGFIELD, MA 01103

New Mailing Address:

FEI Number: 04-3329062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY LEISHMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: LEISHMAN, DAVID J
Address: 78 S. MAIN ST.
City-St-Zip: SUFFIELD, CT 06078

Title: D () Delete
Name: LEISHMAN, JANET K
Address: 78 S. MAIN ST.
City-St-Zip: SUFFIELD, CT 06078

Title: S () Delete
Name: NICOLAI, PAUL P
Address: 24 VENTURE DR.
City-St-Zip: SPRINGFIELD, MA 01119

Title: VP () Delete
Name: FEROLI, PETER M
Address: 19G CASTLE HILL RD
City-St-Zip: AGAWAM, MA 01001

Title: D () Delete
Name: LEISHMAN, GREGORY J
Address: 9 PONDVIEW DR
City-St-Zip: SPRINGFIELD, MA 01118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY LEISHMAN

Electronic Signature of Signing Officer or Director

DIR

10/14/2009

Date