

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000083

1. Corporation Name

TENSAR EARTH TECHNOLOGIES, INC.

2. Principal Office Address - No P.O. Box #

5883 Glenridge Drive

Suite, Apt. #, etc.

Suite 200

City & State

Atlanta

Zip

30328

Country

USA

3. Mailing Office Address

5871 Glenridge Drive

Suite, Apt. #, etc.

Suite 300

City & State

Atlanta

Zip

30328

Country

USA

7. Name and Address of Current Registered Agent

Name

C T 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 above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Terence Hardley Asst. Secretary

Date

6/4/08

REGISTERED AGENT MUST SIGN

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
CEO/C	Philip D. Egan	5871 Glenridge Drive, Suite 300	Atlanta, Georgia 30328
P/D	Robert B. Vevoda	5883 Glenridge Drive, Suite 200	Atlanta, Georgia 30328
CFO/D	Jeffrey B. Johnson	5871 Glenridge Drive, Suite 300	Atlanta, Georgia 30328
SEC	Robert F. Briggs	5871 Glenridge Drive, Suite 300	Atlanta, Georgia 30328
VP	Gale Sanders	5883 Glenridge Drive, Suite 200	Atlanta, Georgia 30328
VP	Joe Cavanaugh	5883 Glenridge Drive, Suite 200	Atlanta, Georgia 30328

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 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 contained in Chapter 119, 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:

Robert F. Briggs

Robert F. Briggs

4/28/08

404/214-5376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN -5 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600131229936

06/12/08--01014--022 **900.00

REINSTATEMENT 01-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/06/1997

5. FEI Number

58-1779563

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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