

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K12307

1. Corporation Name

Automated Resource Mapping and Analysis
Systems Integration

100009214021
11/26/02--01003--010 **758.75

REINSTATEMENT

2. Principal Office Address

3966 SW 98th Dr

Suite, Apt. #, etc.

3. Mailing Office Address

3966 SW 98th Dr.

Suite, Apt. #, etc.

City & State

Gainesville FL.

City & State

Gainesville FL.

Zip

Country

32608 US

Zip

Country

32608 US

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/1988

5. FEI Number

592870503

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James L. Hatchitt

Street Address (P.O. Box Number is Not Acceptable)

3966 SW 98th Dr.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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]

REGISTERED AGENT MUST SIGN

Date 11/22/02

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
President	James L. Hatchitt	3966 SW 98th Dr.	Gainesville FL 32608

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 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] James L. Hatchitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02

Date

352-333-8393

Daytime Phone #

CR2E081 (8/01)