

95000059408

TRANSMITTAL MEMORANDUM

TO: Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

DATE: July 11, 1995
RE: Automated Project
Management, Inc.
Our File: W-45,586

DOCUMENTS OR PAPERS LISTED BELOW ARE ENCLOSED:

1. Original and one copy of the Articles of Incorporation
2. Check in the amount of \$122.50 for filing
3. Stamped, self-addressed return envelope


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-07/31/95--01069--001
****122.50 ****122.50

PLEASE TAKE THE FOLLOWING ACTION:

Please file the Articles, certify the copy and return it to me in the envelope provided.

THANK YOU.

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS, P.A.
Attorneys at Law
Suite 22, Sun Bank
200 W. First Street
Sanford, Florida 32771
Post Office Box 4848
Sanford, Florida 32772-4848
Telephone: (407) 322-2171
FAX: (407) 330-2379


Frank C. Whigham



ARTICLES OF INCORPORATION
OF
AUTOMATED PROJECT MANAGEMENT, INC.

ARTICLE I - NAME

The name of this corporation is AUTOMATED PROJECT MANAGEMENT, INC., located at 206 Tangerine Drive, Sanford, FL 32771-3656.

ARTICLE II - DURATION

This corporation shall exist perpetually, commencing upon the filing of these Articles of Incorporation, which shall be the effective date of the corporation.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business which corporations may conduct pursuant to the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7,500 shares of common stock at \$1.00 par value, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED

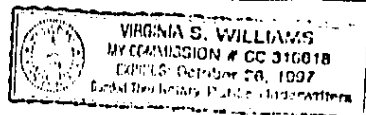
OFFICE AND AGENT

The street address of the initial registered office of this corporation is 206 Tangerine Drive, Sanford, FL 32771-3656 and the name of the initial Registered Agent of this corporation located at that address is ALAN LUCAS.

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me by ALAN
LUCAS, personally known to me or who produced n/i
as identification, this 25 day of
July, 1995.

Virginia S. Williams
Notary Public
My commission expires: _____



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE.
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED;

AUTOMATED PROJECT MANGEMENT, INC.

In pursuance to Chapter §48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That AUTOMATED PROJECT MANGEMENT, INC. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at 206 Tangerine Drive, Sanford, FL 32771-3656, has named ALAN LUCAS, located at 206 Tangerine Drive, Sanford, FL 32771-3656, County of Seminole, State of Florida, as its Registered Agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above entitled corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.


ALAN LUCAS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT -3 PH 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000059408**
AUTOMATED PROJECT MANAGEMENT, INC.

Principal Place of Business: **206 TANGERINE DRIVE SANFORD FL 32771-3650**
Mailing Address: **206 TANGERINE DRIVE SANFORD FL 32771-3650**



REINSTATEMENT 96

If above addresses are in error in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
State, Apt. #, etc. City & State Zip Country

4. Date Recipient Deceased or Qualified To Do Business In Florida: **07/31/1995**
5. FEI Number: Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	LUCAS, ALAN	206 TANGERINE DRIVE	SANFORD FL 32771

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-10/16/96--01063--017
****375.00 ****375.00

10/10/96

8. Name and Address of Current Registered Agent: **LUCAS, ALAN 206 TANGERINE DRIVE SANFORD FL 32771-3656**

9. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Alan Lucas* REGISTERED AGENT MUST SIGN Date: **Oct 1, 96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: *Alan Lucas* **ALAN W. LUCAS** 10/1/96 407-324-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)