

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 10 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 797000004463

1. Corporation Name

Tectonics International Corporation

Principal Place of Business

Mailing Address

13000 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

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

2. New Principal Office Address, If Applicable
n/a

3. New Mailing Office Address, If Applicable
n/a

4. Date Incorporated or Qualified To Do Business in Florida
12/11/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593493469

Not Applicable

Zip

Country

Zip

Country

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(s)	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/P	Joe L. Scallan	232 Laurel Lane	Ponte Vedra Beach FL 32082
			700004777817--3 -01/16/02--01017--005 ****750.00 ****750.00
			700004777817--3 -01/16/02--01017--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Michael A. Walters
c/o SMITH, Gambrell & Russell, LLP
50 N. Laura Street, Suite 2200
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Michael A. Walters

REGISTERED AGENT MUST SIGN

Date 11/30/01

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

Joe Scallan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/01
Date

(904) 543-0500
Daytime Phone #

CR2E081 (12/96)