

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 17 PM 4:00

DOCUMENT # **F99000005482**

1. Corporation Name

TSG TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15967
 SAVANNAH GA 31416

P.O. BOX 15967
 SAVANNAH GA 31416



REINSTATEMENT 00

If above addresses are incorrect 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

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2405387

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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	4 City / State / Zip
CPT	WALKER, JAMES D	7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT	SAVANNAH GA 31406
DVP	BEDFORD, DEAN E	4445 SW 35TH TERRACE SUITE 200	GAINESVILLE FL 32608
D	MAYER, DONALD	7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT	SAVANNAH GA 31406
S	SPRAGUE, JONATHAN D	7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT 4445 SW 35th Terrace Ste 200	SAVANNAH GA 31406 Gainesville FL 32608

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 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEDFORD, DEAN E
 4445 SW 35 TERRACE
 SUITE 200
 GAINESVILLE FL 32608

Name

Sprague, Jonathan D.

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

4445 SW 35 Terrace Ste 200

Suite, Apt. #, Etc.

200

City

Gainesville

State

FL

Zip Code

32608

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date 10/16/2000

11. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 James D. Walker

10/16/00 912-921-7776

Date

Daytime Phone #