

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005482

1. Corporation Name

TSG TECHNOLOGIES, INC.

Principal Place of Business

P.O. BOX 15967
SAVANNAH GA 31416

Mailing Address

P.O. BOX 15967
SAVANNAH GA 31416

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1999

5. FEI Number

58-2405387

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(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
GPT	WALKER, JAMES D	7395 HODGSON MEMORIAL DRIVE SUIT	SAVANNAH GA 31406 delete
DVP	BEDFORD, DEAN E	4445 SW 35TH TERRACE SUITE 200 1855 NE 12TH AVE SUITE C	GAINESVILLE FL 32608 32641
DT	MAYER, DONALD	7395 HODGSON MEMORIAL DRIVE SUIT 327 EISENHOWER DR SUITE 100	SAVANNAH GA 31406
PSD	SPRAGUE, JONATHAN D	4445 SW 35TH TERRACE STE 200 1855 NE 12TH AVE SUITE C	GAINESVILLE FL 32608 32641
			9000008700319 10/30/02--01075--002 **758.75 CORRECTED

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPRAGUE, JONATHAN D
4445 SW 35 TERRACE
SUITE 200
GAINESVILLE FL 32608

CORRECTED →

Name SPRAGUE, JONATHAN D.
Street Address (P.O. Box Number is Not Acceptable)
1855 NE 12TH AVE
Suite, Apt. #, Etc.
SUITE C
City GAINESVILLE State FL Zip Code 32641

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

SIGNATURE REQUIRED JONATHAN D SPRAGUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(912) 220
1871 (cell#)

Date 10-28-02 Daytime Phone #