

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -2 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106393

1. Corporation Name

Applied Technology & Management of North Carolina, Inc.

2. Principal Office Address

2770 N.W. 43RD St.

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32606

Country

USA

3. Mailing Office Address

2770 N.W. 43RD St.

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32606

Country

USA

REINSTATEMENT

CR2E081 (8/05)

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/1997

5. FEI Number

592413268

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

Lorence Jon Bielby, Esq.

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

101 East College Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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]

Date

12.02.05

REGISTERED AGENT MUST SIGN

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
D	Thomas Schanze	2770 N.W. 43RD St.	Gainesville/FL/32606
D	Edward Modzelewski	Delete	Delete
D	Samuel Phlegar	260 West Coleman Blvd., A	Mt. Pleasant/SC/29464

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 2, 2005

Date

904.249.8009

Daytime Phone #