

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000006299

1. Corporation Name

OUT TECH, INC.

Principal Place of Business

3607 ROSEMONT AVE., STE 502
CAMP HILL PA 17011

Mailing Address

3607 ROSEMONT AVE., STE 502
CAMP HILL PA 17011

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 DEC -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03
300025028443
11/25/03--01038--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2000

5. FEI Number

23-2892355

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CDP	KUNKEL, STEPHEN	3607 ROSEMONT AVE., STE 502	CAMP HILL PA 17011
DVST	MARINO, BARTH A	3607 ROSEMONT AVE., STE 502	CAMP HILL PA 17011

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

James Newsome

JAMES NEWSOME

SPECIAL ASSISTANT SECRETARY

Date

11/18/03

REGISTERED AGENT MUST SIGN

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:

Stephen M. Kunkel
SIGNATURE REQUIRED
STEPHEN M. KUNKEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03 717-214-3001
Date Daytime Phone #

CR2E040 (8/02)

Office
3607 Rosemont Avenue, Suite 502
Camp Hill, PA 17011
Mailing Address
P.O. Box 8875
Camp Hill, PA 17001-8875

Out Tech, Inc.
Bureau of Account Management

282
(717) 214-3000
1-800-600-0267
Fax (717) 214-3019

Division of Corporations
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

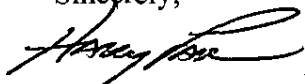
To Whom It May Concern:

Enclosed you will find our completed Application for Reinstatement. Also enclosed is our check for \$300.00 for the 2002 and 2003 Uniform Business Reports.

In researching our files it was discovered that our 2002 and 2003 reports were not filed. I am asking for consideration to waive the late charge. We have no record of receiving the required reports or notices requesting the reports. Reports in prior years were all filed.

If there are any questions please contact me at 717-364-3024.

Sincerely,



Harry Park
VP of Operations

Enclosures