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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 24 PM 2:21

REINSTATEMENT 02-04

DOCUMENT # F01000000649

1. Corporation Name
J. E. Bachmann, Inc.

2. Principal Office Address	3. Mailing Office Address
1691 Phoenix Boulevard	1691 Phoenix Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30349 County: Fulton	Zip: 30349 County: Fulton

4. Date Incorporated or Qualified To Do Business in Florida: 02/02/2001

5. FEI Number: 13-2833310 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Deborah D. Skipper Deborah D. Skipper Asst. V. Pres. Date: 8/24/04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Wolfgang Kulenkampff	1691 Phoenix Boulevard	Atlanta, GA 30349
Ex VP	Hans J. Meyer	138 Windelier Ridge	Peachtree City, GA 30269
Sec	Jeffrey Bell	413 Taberon Road	Peachtree City, GA 30269
Dir	Wolfgang Kulenkampff	1691 Phoenix Boulevard	Atlanta,GA 30349
Dir	Hans J. Meyer	138 Windelier Ridge	Peachtree City,GA 30269

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] 8/18/04 (770) 907-1861

SIGNATURE OF DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #