

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN -6 AM 10:02

DOCUMENT # **F01000001002**

1. Corporation Name

**SCIENTECH, INC.**

SECRETARY OF STATE  
1/11/03 10:05 AM  
**600009880266**  
01/06/03--01088--012 \*\*750.00

Principal Place of Business

1690 INTERNATIONAL WAY  
IDAHO FALLS ID 83402

Mailing Address

1690 INTERNATIONAL WAY  
IDAHO FALLS ID 83402



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

2. New Principal Office Address, If Applicable

**440 WEST BROADWAY**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**SAME**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/20/2001**

5. FEI Number

**82-0381275**

Applied For

Not Applicable

City & State

**IDAHO FALLS, ID**

City & State

Zip

**83402**

Country

**USA**

Zip

Country

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
CD	KAUFMAN, NICHOLAS C	10 35TH AVENUE COURT N.W.	GIG HARBOR WA 98335
PD	LOCH, E. PAUL	2124 SILVER LEAF COURT	LONGWOOD FL 32779
D	MANNING, ROBERT L JR.	370 17TH STREET, 4050 REPUBLIC P	DENVER CO 80202
D	OSBORN, D. CHRISTIAN	370 17TH STREET, 4050 REPUBLIC P	DENVER CO 80202
V	ROBINSON, BRUCE	60 PAA-KO DRIVE	SANDIA PEAK NM 87047
VST	ROBUCK, SCOTT R	440 WEST BROADWAY	IDAHO FALLS ID 83402

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

**Karen Harris, Asst.VP, Corporation Service Company**

Date

**December 31, 2002**

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**  
**SCOTT ROBUCK, SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/10/02**

Date

**208-524-9250**

Daytime Phone #

CR2040 (8/02)