



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # F02000003299						DIVISION 06 OCT 30 PM 12:25			
1. Entity Name GEORGIA M.I.T., INC.						REINSTATEMENT <u>06</u>			
Principal Place of Business 4107 COLBEN BOULEVARD EVANS, GA 30809		Mailing Address 4107 COLBEN BOULEVARD EVANS, GA 30809				10122006 REIN-P CR2E098 (11/05)			
2. Principal Place of Business		3. Mailing Address				4. FEI Number 01-0666995		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State				6. Name and Address of Current Registered Agent STEPHENS, WILLIAM R 1504 67TH ST CT. E BRADENTON, FL 34208			
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STEPHENS, WILLIAM R 7820 PROFESSIONAL PLACE #6 TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAYER, RICHARD A 3350 GALES ROAD APPLING, GA 30802	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081347315 10/30/06--01048--007 ***350.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, TERRY L 882 S. ST. ROAD 168 LUBBOCK, TX 79407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.									
SIGNATURE: <i>Richard A Player</i>				10/27/06 706 364 3162 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

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October 27 2006

To: Division of Corporations  
PO Box 6327  
Tallahassee FL 32341

From: MIT, INC.  
4107 Colben Blvd  
Evans GA 30809

To Whom It May Concern:

MIT has not received any documentation concerning our registration in Florida, neither here nor by our rep Roger Stephens. Please allow for our penalty fees to be waived and MIT to be reinstated in Florida. Once again I apologize for this, had we received the information we would have gladly paid it. Thank you

Sincerely,



Richard A Player  
CEO/ President