
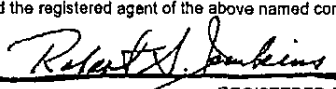
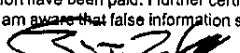


SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 15 AM 9:18

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 13 MAY 15 AM 9:18
DOCUMENT # F05000003670			
1. Corporation Name TESTING, ENGINEERING & CONSULTING SERVICES, INC.			
2. Principal Office Address - No P.O. Box # 235 BUFORD DRIVE Suite, Apt. #, etc.	3. Mailing Office Address ← SAME Suite, Apt. #, etc.		
City & State LAWRENCEVILLE, GA	City & State ←		
Zip 30046	Country USA	Zip ←	Country USA
7. Name and Address of Current Registered Agent			
Name ROBERT S. JENKINS			
Street Address (P.O. Box Number is Not Acceptable) 6731 MANGO AVE. SOUTH			
Suite, Apt. #, Etc.			
City ST. PETERSBURG	State FL	Zip Code 33707	
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 		Date 7/8/2013	
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
PRES.	SHAWN P. MCCORMICK	2437 BERRY HALL RD.	BETHLEHEM, GA 30620
SEC. VP	BRIAN J. WOLFE	21041 VILLAGE CHASE DR.	DULUTH, GA 30096
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right;"> <div style="font-weight: bold;">MAY 15 2013</div> <div style="font-weight: bold;">R. HUNT</div> </div> </div>			
10. E-mail Address: LPILKINTON@TECSERVICES.COM			
(To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE:  BRIAN J. WOLFE SECRETARY 5/8/2013 770.995.8000			