

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000720853
Phone : (850) 222-1092
Fax Number : (850) 878-1268

RE-SUBMIT

Please retain original filing date of submission 3/3/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**CORPORATION REINSTATEMENT
WILSON-BENNETT TECHNOLOGY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	823
Estimated Charge	\$900.00

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FILED

TO MAR 31 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F08000003385*

1. Corporation Name

WILSON-BENNETT TECHNOLOGY, INC.

2. Principal Office Address - No P.O. Box #
104 South Apple Street

3. Mailing Office Address
104 South Apple Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Searcy, AR

City & State
Searcy, AR

Zip
72143

Country
US

Zip
72143

Country
US

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 08/01/2008

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0406 or 617.0601, F.S.

Signature of Registered Agent

Katherine Luckey

Katherine Luckey, Asst. Sec.

Date 3/23/2010

REGISTERED AGENT MUST SIGN

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.	Todd Smith	104 South Apple Street	Searcy, AR 72143
CFO	John Calloway	104 South Apple Street	Searcy, AR 72143

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer, director or the receiver or trustee empowered to complete 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 taxes 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.

SIGNATURE:

John Calloway John Calloway, CFO

3/23/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF PUBLIC RECORDS

Date

Daytime Phone #