

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -3 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002984**

1. Corporation Name

Carlson Technologies, Inc.

2. Principal Office Address

17210 Campbell Rd

Suite, Apt. #, etc.

Suite 260

City & State

Dallas, TX

Zip

75252

Country

US

3. Mailing Office Address

17210 Campbell Rd

Suite, Apt. #, etc.

Suite 260

City & State

Dallas, TX

Zip

75252

Country

US

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-0694214

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

000003161030-6

-03/08/00--01007--002

*****1200.00 ***1200.00**

State

FL

Zip Code

33324

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

Lauren Kreatz

LAUREN H. KREATZ,

Date

3/2/00

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

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/Dir | William B Fraser | 17210 Campbell Rd #260 | Dallas, TX 75252 |
| UP/Dir | William Johnson | S | S |
| UP/Dir | Daniel Hunter | S | S |
| Sec/CEO | Michael Rosen | S | LS |
| | | | |
| | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rosen

2/29/00

Date

972-250-3972

Daytime Phone #

CR2E081 (9/99)