

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F96000003541

1. Corporation Name

Intertech Imaging Corporation

2. Principal Office Address

2550 Northwinds Parkway

3. Mailing Office Address

2550 Northwinds Parkway

Suite, Apt. #, etc.

Suite 175

Suite, Apt. #, etc.

Suite 175

City & State

Alpharetta, GA

City & State

Alpharetta, GA

Zip

30004

Country

Fulton

Zip

30004

Country

Fulton

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/12/1996

5. FEI Number

581868287

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

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

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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date *10/7/03*

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 |
|-----------|--------------------------------------|---|----------------------|
| CEO | Mike Kelly | 2550 Northwinds Parkway, STE 175 | Alpharetta, GA 30004 |
| CFO | Kevin Bennett | 2250 Northwinds Parkway, STE 175 | Alpharetta, GA 30004 |
| Secretary | Dave Bahr | 2550 Northwinds Parkway, STE 175 | Alpharetta, GA 30004 |
| | | | |
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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:

K. J. Bennett

Kevin J. Bennett

10/6/03

770 804-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CT CORPORATION

October 8, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5945755 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Intertech Information Management, Inc. (GA)
Reinstatement
Florida

Please FILE FIRST.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILED
03 OCT -8 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 OCT -8 AM 11:03
DIVISION OF CORPORATION

C. Oculistis OCT 08 2003