APR-13-99 TUE 03:24 PM FAX NO. P. 02

F97000006580

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 APR 26 PM 4:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006580

1. Corporation Name

Smoky Mountain Technologies, Inc.

EFFECTIVE DATE 1998-99

Principal Place of Business: 175-B Highway 64 West, Murphy, North Carolina 28906

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
~~750 Highway 64 West~~	~~750 Highway 64 West~~	12/12/97
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 56-1845275 (Applied For / Not Applicable)
City & State: ~~Murphy, NC 28906~~ Zip, Country: USA	City & State: ~~Murphy, NC 28906~~ Zip, Country: USA	6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Sole Director/CEO	Stephen A. Hafer	1850 Parkway Place Suite 925	Marietta, Georgia 30067
President	Steve Howe	3773 NW 26th AVE	Coral Springs, FL 33605
Secretary	Mary Ann Culpepper	1850 Parkway Place Suite 925	Marietta, Georgia 30067
			700002854547--6 -04/28/99--01034--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Steve Howe
3773 NW 126th Avenue
Coral Springs, FL 33605

9. Name and Address of New 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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 4.23.99
A. P. FARNELL, ASST. SEC. REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 4/20/99 (770) 424-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephen A. Hafer, CEO

SENT BY:ATLANTA ; 4- 1-99 ; 3:16PM ; C T CORPORATION-Mobile Carlyle- CHAR:# 2/ 3