

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000002014**

1. Corporation Name

AVATECH OF FLORIDA, INC.

Principal Place of Business

11403A CRONHILL DR
OWINGS MILLS MD 21117

Mailing Address

11403A CRONHILL DR
OWINGS MILLS MD 21117

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1998

5. FEI Number

65-0830517

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
CP	FELTON, HENRY D	11403A CRONHILL DR	OWINGS MILLS MD 21117
VCT	DIEGELMAN, RONALD	11403A CRONHILL DR	OWINGS MILLS MD 21117
SD	NICHOLSON, V. JOEL	11403A CRONHILL DR	OWINGS MILLS MD 21117
REINSTATEMENT 44 TS			
800003087828--6 -01/04/00--01078--005 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

STRAND, NANCY
536 INTERSTATE CT
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-24-99

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald C. Diegelman, Treasurer

12/22/99

Date

410-902-6900

Daytime Phone #