


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 NOV 16 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98000004071

1. Corporation Name

Integrated Science & Engineering, Inc. 2003-2004

2. Principal Office Address

275 S. Lee Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, GA

City & State

Zip

30214

Country

U.S.

Zip

30214

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1998

5. FEI Number

58-1286525

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

500042435935

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

1200 South Pine Island Road

11/03/04--01030--006 **\$10.00

Suite, Apt. #, Etc.

City

Plantation, Florida

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 10-5-04

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
GPS	Davis, Lawrence H.	275 S. Lee Street	Jacksonville, GA 30214
CVT	Jeldner, Ronald A	275 S. Lee Street	Jacksonville, GA 30214

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

10/29/04

Date

770/461-4297

Daytime Phone #

CR25081 (01/04)

702

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrated Science & Engineering, Inc.
(Name of corporation)

DOCUMENT NUMBER: 398000004071

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Henderson
(Name of contact person)

Integrated Science & Engineering, Inc.
(Firm/Company)

275 S. Lee Street
(Address)

Jayelkette, GA 30214
(City/state and zip code)

For further information concerning this matter, please call:

Lisa Henderson at (770) 461-4292
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399