

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 18 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004979

1. Corporation Name

TECHNOLOGY BUILDERS, INC.

Principal Place of Business

400 INTERSTATE NORTH PARKWAY, SUITE 1090
ATLANTA GA 30339

Mailing Address

400 INTERSTATE NORTH PARKWAY, SUITE 1090
ATLANTA GA 30339

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

09/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2126611

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
PD	KAVADELLAS, NICHOLAS C	511 WALKERS RIDGE COURT	WOODSTOCK GA 30188
STD ST	KAVADELLAS, LISA D	511 WALKERS RIDGE COURT	WOODSTOCK GA 30188
D	DALTON, FRANK X	3350 CUMBERLAND CIRCLE, SUITE 97	ATLANTA GA 30339
D	ROBINSON, EDWIN T	221 EAST 4TH STREET, SUITE 2250	CINCINNATI OH 45202
V	AZAR, JAMES	419 WOODSTONE WEST DRIVE	MARIETTA GA 30068
V	BOLDT, LAWRENCE	459 LANTANA LANE	ST. PETERS MO 63376

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003022685--1
Suite, Apt. #, Etc. -10/22/99--01085--018
City ***758.75 ***758.75
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 *Deborah D. Skipper*

Deborah D. Skipper
as its agent

Date 10-18-99

REGISTERED AGENT MUST SIGN

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: *Mark R. Chapman, CFO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

10/13/99

770-661-3550