


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

1/2

05 JUN -3 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F98000006062</b> 1. Entity Name ALLTECHNOLOGY, INC.	
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Principal Place of Business 3031 CATNIP HILL PIKE NICHOLASVILLE, KY 40356	Mailing Address 3031 CATNIP HILL PIKE NICHOLASVILLE, KY 40356
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 61-0977517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, STEVE 121 NW 19TH AVE CHIEFLAND, FL 32626	
7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) 1121 NW 19th Ave. City CHIEFLAND FL Zip Code 32626	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Steve Elliott* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete LYONS, THOMAS PEARSE 3031 CATNIP HILL PIKE NICHOLASVILLE, KY 40356	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LYONS, MARK P. 3031 CATNIP HILL PIKE, NICHOLASVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete KARNEZOS, PETER T 3031 CATNIP HILL PIKE NICHOLASVILLE, KY 40356	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300055714403 06/03/05--01037--008 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete HOHMAN, NATHAN H 3031 CATNIP HILL PIKE NICHOLASVILLE, KY 40356	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nathan Hohman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_



*Benita H. Lanham, Corporate Legal Assistant*

*Phone: 859-887-5127*

*Fax: 859-887-5106*

*E-mail: [blanham@alltech.com](mailto:blanham@alltech.com)*

## MEMORANDUM

**TO: Division of Corporations**

**CC:**

**DATE: 6/1/05**

**RE: Reinstatement**

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Please find enclosed a Reinstatement report for the above-referenced corporation. Please especially note the address change in Block 3. I have also enclosed a check in the amount of \$308.75 for filing fees. Please contact me at 859-887-5127 if you have any questions.

Thank you,

Benita Lanham