

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F99000005482

1. Corporation Name

TSG TECHNOLOGIES, INC.

00 OCT 17 PM 4:00

Principal Place of Business

Mailing Address

P.O. BOX 15967
SAVANNAH GA 31416

P.O. BOX 15967
SAVANNAH GA 31416



REINSTATEMENT

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

10/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2405387

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | 4 City / State / Zip |
|---------------|---|---|---|
| CPT | WALKER, JAMES D | 7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT | SAVANNAH GA 31406 |
| DVP | BEDFORD, DEAN E | 4445 SW 35TH TERRACE SUITE 200 | GAINESVILLE FL 32608 |
| D | MAYER, DONALD | 7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT | SAVANNAH GA 31406 |
| S | SPRAGUE, JONATHAN D | 7395 Hodgson Memorial Dr Ste 220 7395 HODGSON MEMORIAL DRIVE SUIT 4445 SW 35th Terrace Ste 200 | SAVANNAH GA 31406 GAINESVILLE FL 32608 |
| | | | 300003441713--6 -10/27/00--01019--012 ****758.75 ****758.75 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEDFORD, DEAN E
4445 SW 35 TERRACE
SUITE 200
GAINESVILLE FL 32608

Name

Sprague, Jonathan D.

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

4445 SW 35 Terrace Ste 200

Suite, Apt. #, Etc.

200

City

Gainesville

State

FL

Zip Code

32608

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]
REGISTERED AGENT MUST SIGN

Date 10/16/2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James D. Walker

10/16/00 912-921-7776

Date

Daytime Phone #