

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 NOV 30 PM 5:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>G50472</b> 1. Corporation Name <b>ALLTECH M. CORPORATION</b>					
Principal Place of Business <b>450 DAVIS PKY P.O. BOX 3550 FLORIDA CITY, FL 33034</b>		Mailing Address <b>450 DAVIS PKY P.O. BOX 3550 FLORIDA CITY FL 33034</b>		<b>REINSTATEMENT</b> <b>99</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida <b>7/20/1983</b> 5. FEI Number <b>59-2350806</b> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SR 75: Add to and Fee to print 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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	DARRYL T. WALRATH	466 BALDWIN AVE	DEFUNIAK SPRINGS FL 32433		
V-P	JANET T. WALRATH	466 BALDWIN AVE	DEFUNIAK SPRINGS FL 32433		
S/T	DARRYL T. WALRATH	466 BALDWIN AVE	DEFUNIAK SPRINGS FL 32433		
			100003071501--4		
			-12/15/99--01081--014		
			****750.00 ****750.00		
8. Name and Address of Current Registered Agent <b>DARRYL T WALRATH 466 BALDWIN AVE DEFUNIAK SPRINGS FL. 32433</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>		
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 <b>Darryl Walrath</b> REGISTERED AGENT MUST SIGN Date <b>10-22-99</b>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <b>Darryl Walrath</b> <b>DARRYL T. WALRATH</b> 10/22/99 850-892-5435 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E061 (12/98)