

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 AM 8:00

DOCUMENT # G 84530

1. Corporation Name

MANUFACTURING TECHNOLOGY, INC.

2. Principal Office Address

70 READY AVENUE NW

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

USA

3. Mailing Office Address

70 READY AVENUE N.W.

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH

Zip

32548

Country

USA

REINSTATEMENT 03-04

1/29/03 90160 041 \$300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2387367

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

PAUL Hsu

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

70 READY AVENUE NW

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State
FL

Zip Code

32548

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/29/2004

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
CEO	PAUL S. Hsu	70 READY AVENUE, NW	F. WALTON BEACH, FL 32548
Treas	MASSIE Hsu	70 READY AVENUE, NW	F. WALTON BEACH, FL 32548
ASST SEC	ROBERT C. EGDEN	70 READY AVENUE, NW	F. WALTON BEACH, FL 32548

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. EGDEN

Date

1/29/2004

Daytime Phone #

850 664-6070

CR25081 (10/02)



Manufacturing Technology, Inc.

70 READY AVENUE N.W. • FORT WALTON BEACH • FLORIDA 32548-3877

TEL: (850) 664-6070 • FAX: (850) 664-6007

<http://www.mtifwb.com>



Department of State
Division of Corporations

Manufacturing Technology, Inc. paid Document # G84530 on Check # 64259 dated 01/10/03. This check cleared our bank on 02/3/03 therefore I am requesting that the reinstatement fee be waived.
Enclosed is a copy of the check.

Thank you,
Linda L. Bizzell
Accounting Manager
MTI, Inc.

FLA DEPT OF STATE

Ruby Ann LAP

850-245-6059

850-245-6017 FAX