

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10854			
1. Corporation Name FORENSIC TECHNOLOGIES, INC.			
Principal Place of Business 1168 ENISWOOD PARKWAY PALM HARBOR FL 34683 US		Mailing Address 1168 ENISWOOD PARKWAY PALM HARBOR FL 34683 US	
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 Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 08/21/1989		5. FEI Number 59-2968184	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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
D	NICHELSON, G. REX, JR	1168 ENISWOOD PARKWAY	PALM HARBOR FL 34683
S/D	FISCH, FRANKLIN M.	500 COUNTRY ROAD 1	PALM HARBOR FL 34683
T	GREGORY C NICHELSON	500 COUNTY ROAD 1	PALM HARBOR FL
			200004669072--1
			-11/08/01--01058--005
			***1500.00 ***750.00
8. Name and Address of Current Registered Agent NICHELSON, G. REX, JR. 1168 ENISWOOD PARKWAY PALM HARBOR FL 34683-2022		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 FL	
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:  Date 10/18/01 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:  Date 10/18/01 Daytime Phone # 727-787-2180 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

APPROVED
AND
FILED

01 OCT 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 2001

CR2040 (8/01)