

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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 02/18/1998 11:09:07
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

DOCUMENT # **M68695**

1. Corporation Name
ARCHIMETRICS, INC.

Principal Place of Business % TIMOTHY L. STONE 15868 SILVERADO CT FT. MYERS FL 33908	Mailing Address % TIMOTHY L. STONE 15868 SILVERADO CT FT. MYERS FL 33908
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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 02/18/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0078236	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	STONE, TIMOTHY L.	15868 SILVERADO CT	FT. MYERS FL
T	STONE, TIMOTHY L.	15868 SILVERADO CT.	FT. MYERS FL

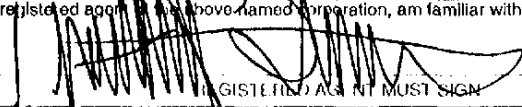
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 *****750.00 *****750.00

REINSTATEMENT '97

SEC 11-12-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STONE, TIMOTHY L. 15868 SILVERADO COURT FT. MYERS FL 33908		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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: **11/2/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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:  Date: **11/2/97** (941) 936 5501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)