

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # **N94000004521**
1. Corporation Name
Florida North Shore Technology Centers, Inc.

| | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business 2031 E. Paul Dirac Dr. #117 Tallahassee, FL 32310 | Mailing Address 2031 E. Paul Dirac Dr. #117 Tallahassee, FL 32310 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

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 Sept. 14, 1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3266035 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|-----------------------|----------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| SEE ATTACHMENT | | | |
| | | | 300002234023--3 -07/03/97--01091--006 ****358.75 ****358.75 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

**Tack G. Sams
2365 Centerville Road
Tallahassee, FL 32308**

(No longer valid)

9. Name and Address of New Registered Agent

Name
William B. McBride

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32312

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

W-B McBride

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. McBride

7/8/97

Date

576-1880

Daytime Phone #

FILED

97 JUL -8 PM 4:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

95-9700

Attachment

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|-----------------------------------|------------------------------------------------|-------------------------|
| President | William B. McBride | 609 Piedmont Drive | Tallahassee, FL 32312 |
| Chairman | A. Gib DeBusk | 3583 Doris Drive | Tallahassee, FL 32303 |
| Vice-Chairman | John R. Kerr | 2511 Chamberlim Drive | Tallahassee, FL 32312 |
| Director | Will F. Butler | 5017 Centennial Oak Circle | Tallahassee, FL 32308 |
| Director | Raymond E. Bye, Jr. | 3956 Bobbin Brook Circle | Tallahassee, FL 32312 |
| Director | Jack Dodd | 110 E. Sinclair Road | Tallahassee, FL 32312 |
| Director | J. Everitt Drew | 2523 Pine Ridge Road | Tallahassee, FL 32308 |
| Director | Winston Howell | 3120 North Shannon Lakes | Tallahassee, FL 32308 |
| Director | Joseph A. Kelley | 444 Collinsford Drive | Tallahassee, FL 32301 |
| Director | Walter W. Manley II | 2804 Rabbit Hill Road | Tallahassee, FL 32312 |
| Director | Wayne Mixson | 2219 Demeron Road | Tallahassee, FL 32312 |
| Director | Joe West | 31 Harbour Point Drive | Crawfordville, FL 32327 |