

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 APR 10 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095769

1. Corporation Name

Specialized Technologies America, Inc.

2. Principal Office Address

1699 Apalachee Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

1699 Apalachee Pkwy

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 2000

5. FEI Number

☒ 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

Joseph C. Dietz

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

312 Westwood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32304

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]*

Date

4/9/02

REGISTERED AGENT MUST SIGN

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
P	Peter D. McGilvray	400 Hayden #158	Tallahassee, FL 32304
VP	Joseph C. Dietz	312 Westwood Dr.	Tallahassee, FL, 32304

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:

Joseph C. Dietz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02

Daytime Phone #

(850) 567-3420

CR2E081 (9/01)