

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:45

DOCUMENT # P00529

1. Corporation Name

SOUTHERN MICRO INSTRUMENTS, INC.

Principal Place of Business

Mailing Address

420 INTERSTATE N PARKWAY E-
SUITE 908
ATLANTA GA 30339

420 INTERSTATE N PARKWAY E
SUITE 908
ATLANTA GA 30339

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1700 ENTERPRISE WAY

3. New Mailing Office Address, If Applicable
1700 ENTERPRISE WAY

Suite, Apt. #, etc.
SUITE 112

Suite, Apt. #, etc.
SUITE 112

City & State
MARIETTA, GEORGIA

City & State
MARIETTA, GEORGIA

Zip
30067

Country
COBB

Zip
30067

Country
COBB

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1984

5. FEI Number

58-1355712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
PTD	VAN SCHELLENBECK, HORST	120 INTERSTATE N PKW E 1700 ENTERPRISE WAY, STE 112	ATLANTA GA MARIETTA, GA. 30067
SD	PETERZELL, MARK	120 INTERSTATE N PKW E 1700 ENTERPRISE WAY, STE 112	ATLANTA GA MARIETTA, GA. 30067
AST	BUCHANS, CAROLYN D.	120 INTERSTATE N PKW E 1700 ENTERPRISE WAY, STE 112	ATLANTA GA MARIETTA, GA. 30067
			600003027156--7 -10/27/99--01107--011 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREGORY, WILLIAM J
8250 EXCHANGE DRIVE
STE 110
ORLANDO FL 32809

Name

RALPH ELLERY

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

7134 LEXINGTON CIRCLE

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34602

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

Ralph Ellery

REGISTERED AGENT MUST SIGN

Date

10/19/99

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.

CAROLYN D. BUCHANS, VICE PRES. & ASST SEC/TREAS.

SIGNATURE:

Carolyn D. Buchans

Oct. 18, 1999 770-956-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #