

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG -8 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00529**

1. Corporation Name

**SOUTHERN MICRO INSTRUMENTS, INC.**

*JS*

800020527128  
08/29/03--01026--003 \*\*1130.00

**REINSTATEMENT 00-03**

2. Principal Office Address

**1700 ENTERPRISE WAY #112**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**MARIETTA GA**

Zip

**30067**

Country

**USA**

City & State

**GA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent**

Name

**DAVID SPRINGETT**

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

**1377 SW 151 WAY**

Suite, Apt. #, Etc.

City

**SUNRISE**

State

**FL**

Zip Code

**33326**

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

*David Springett*

Date

**07/22/03**

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
CHAIRMAN	HORST VANSCHELLEDBECK	706 WINDY RIDGE LANE	ATLANTA GA 30339
PRES	RANDALL R. RUFFIN	3525 KINGSTON CROSSING	ALPHARETTA GA 30022

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:

*Horst Vanschedbeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8-4-03**

Daytime Phone #

CR2E081 (10/02)