2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000050518

1. Entity Name
AUTOMATION TECHNOLOGY RESOURCES, INC.

06 AUG -3 AM 7:30

Principal Place of Business	Mailing Address
2108 NE 25 ST WILTON MANORS, FL 33305	2108 NE 25 ST WILTON MANORS, FL 33305

05312006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0438586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID
2108 NE 25 ST
WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent

Name: PAUL KELLY
Street Address (P.O. Box Number is Not Acceptable): 8407 MARINA DRIVE
City: HOLMES BEACH FL Zip Code: 34217

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PAUL KELLY, VICE PRESIDENT [signature] July 31 '06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID 2108 NE 25 ST WILTON MANORS, FL 33305	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T David Johnson 845 106th Avenue NE. Suite 200 Bellevue, WA 98004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800078525538 08/09/06--01037--003 **300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JOHNSON, PRESIDENT [signature] 7/28/06 425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell AUG 7 2006