


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000050518		
1. Entity Name AUTOMATION TECHNOLOGY RESOURCES, INC.		

FILED

2008 MAR 18 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03042008 REINSTATEMENT CR2E098 (1/07) 07-08

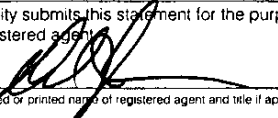
Principal Place of Business 2100 NE 25 ST WILTON MANORS, FL 33305	Mailing Address 2100 NE 25 ST WILTON MANORS, FL 33305
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2. Principal Place of Business - No P.O. Box # 845 106TH AVE NE Suite, Apt. #, etc. SUITE #200 City & State BELLEVUE, WA Zip 98004 Country USA	3. Mailing Address 845 106TH AVE NE Suite, Apt. #, etc. SUITE #200 City & State BELLEVUE, WA Zip 98004 Country USA
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4. FEI Number 03-0438586	Applied For Not Applicable
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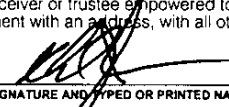
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, PAUL 8407 MARINA DRIVE HOLMES BEACH, FL 34217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE 3/6/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, DAVID 845 106TH AVENUE NE, SUITE 200 BELLEVUE, WA 98004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DAVID JOHNSON, PRESIDENT 3/6/08 4256447383 Date Daytime Phone #

B. Mitchell MAR 18 2008