

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 13 PM 1:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700098007007
04/23/07--01022--026 **2850.00

REINSTATEMENT 93-07

CR2E081 (1/07)

DOCUMENT # P31058

1. Corporation Name

AGT International, Inc

2. Principal Office Address - No P.O. Box #

330 W Spring St

3. Mailing Office Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Columbus, Ohio

City & State

Zip

43215

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 1, 1985

5. FEI Number

31-1137223

☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Rd

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date **4-12-07**

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
CEO	Henry Butch O'Neill	3050 Carriage Lane	Columbus, OH 43221
Pres	Jason Adams	1220 Oakland Ave	Grandview, OH 43212
Tres	Gary Farkas	64 Greenstick Way	Johnstown, OH 43031
Sec	Trent Peugh	1174 Gladiolus Ct	Reynoldsburg, OH 43068

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07
Date

614-784-8010
Daytime Phone #

K304