

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 12:55

DOCUMENT # P93000003823 (0)

1. Corporation Name
TechServ, Inc

2. Principal Office Address
306 Cherry St.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 9

Suite, Apt. #, etc.

City & State
Eufaula, AL

Zip
36027

Country
Barbour

City & State
Eufaula, AL

Zip
36072

Country
Barbour

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
11/19/93

5. FEI Number
59-3162971

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
Mike Kampf

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

Suite, Apt. #, Etc.

City
Indian Harbor Beach

700003515117--7
-12/28/00-01008--015
******750.00 ***750.00**

State
FL

Zip Code
32937

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 **Michael E Kampf**
REGISTERED AGENT MUST SIGN

Date **Dec 11, 2000**

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
Pres.	Selfe, Carl	306 Cherry St.	Eufaula, AL 36027
Dir.	Meagher, Arnold	401 St. Francis Road	Eufaula, AL 36027
Dir.	Kampf, Michael	124 Martesia Way	Indian Harbor, FL 32937
Dir.	Selfe, Beth	306 Cherry St	Eufaula, AL 36027

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: **Carl Selfe - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00

Date

(334) 687-2111

Daytime Phone #

CR2E081 (9/99)