

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.

REINSTATEMENT

City & State
Eufaula, AL
Zip
36027
Country
Barbour

City & State
Eufaula, AL
Zip
36072
Country
Barbour

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** **700003515117--7**
Street Address (P.O. Box Number is Not Acceptable) **124 Martesia Way** **-12/28/00-01008--015**
Suite, Apt. #, Etc. ******750.00 ***750.00**
City **Indian Harbor Beach** 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** Date **Dec 11, 2000**
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
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** Date **12-14-00** Daytime Phone # **(334) 687-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)