

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P94000078716**

1. Corporation Name

International Technology Center, Inc.

FILED

01 FEB -8 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

2525 Drane Field R

Suite, Apt. #, etc.

#3

City & State

Lakeland, FL

Zip

33811

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/26/94

5. FEI Number

593255674

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

DAVID C. DALE, Esquire

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

500 S. FLORIDA AVENUE

Suite, Apt. #, Etc.

Suite #600

City

LAKELAND

State

FL

Zip Code

33801

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

David C. Dale

REGISTERED AGENT MUST SIGN

Date *2-7-01*

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	<i>Hans Henning</i>	<i>3302 KILMER DR</i>	<i>LAKELAND, FL 33803</i>
VP	<i>Arther Morrison, Jr.</i>	<i>4920 Colbert Rd</i>	<i>Lakeland, FL 338</i>
SECT	<i>David Groy</i>	<i>4927 Downview Lane</i>	<i>Lakeland, FL 33813</i>
		REINSTATEMENT	<i>DD-101</i>

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:

Hans J. Henning (*Hans J. Henning*)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/01

Daytime Phone #

863 648-5841