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11-06-1997 3:12PM FROM SOUTHERN SCIENTIFIC 703 569 1189



|  | PLEASE REAU  | <u>ALL INO I</u>                      | HUUTIONS  | RELOKE C  | OMPLET   | ING THIS FU                            | JHM.                                    |            |  |
|--|--|---------------------------------------|---|---|--|--|---|------------|--|
| ACT.   | PLACANIA SER   |                                       | A DEPARTMEI   |   |  | P <sup>onn</sup> B                     | A para pro-                             |            |  |
| -{/  | MP IN THE REAL PROPERTY OF THE | Sandra B. Mortham                     |   |   |  |  |   |            |  |
| REA  | STATEMENT STATEMENT  | j .                                   | Secretary of S<br>IVISION OF CORPOR                     |   | ĺ  |  |   |            |  |
|  |  |                                       |   | HATIONS   | 97 NOV 14 PM 12: 14:   |  |   |            |  |
| DOCUMENT # P95000052646  1. Corporation Name  SOUTHERN SCIENTIFIC INDUSTRIES, INC. |  |                                       |   |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |  |   |            |  |
|  |  |                                       |   |   |  | TALLAHAS                               | SEE, FLORIDA                            |            |  |
|  |  |                                       |   | İ   |  |  |   |            |  |
| Principal i  | Place of Business  | ,                                     |   |   |  |  |   |            |  |
|  | h lakesioe drive   |                                       | LAKE SIDE ORIVE   |   |  |  |   |            |  |
| SATELLITE BEACH FL 82937<br>US   |  | SATELLITE BEACH FL 32937<br>US        |   |   | i intilitati   | in terut birik belik edilik dibi       | IL BETAT DISHO MOTO BISUL BISUD DISH SE | ļi         |  |
| •  |  | •••                                   |   |   |  |  |   |            |  |
|  | addresses are incorrect in any way, line the   | nformation and enter                  |   | ·   |  | <b></b>                                |   |            |  |
|  |  |                                       |   | Whytogrie                                       | 4. Qale Incorp<br>To Do Busi   | orated or Qualified<br>ress in Florida | 06/23/1995                              | )          |  |
| Sulte, Apt.  | #, etc.  | Suite, Apt. #,                        | Suite, Apt. #, etc.                                     |   | 5. FEI Number Applied For  |  |   |            |  |
| City & State   |  | City & State                          |   |   | 59-3326617   Not Applicable  |  |   | able       |  |
| Zip Country  |  | Zip Country                           |   | у   | 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status |  |   |            |  |
| 7. Names   | and Street Addresses of Each Officer and   | l/or Director (Fio                    | rida nonprofit corpora                                  | itions must list at lea                         | st 3 directors)  |  | <u></u>                                 |            |  |
| Name of Officers Title(s) and/or Directors   |  |                                       | Street Ad<br>Officer ar                                 |   |  |  | City / State / Zip                      |            |  |
| P  | DAY, ROBERY V.   |                                       | 3 (Do NOT Use Post Office Box) 376 NORTH LAXESIDE DRIVE |   | lumbers)   | SATELLITE BEACH FL                     |   |            |  |
| r  | DAI, HUDCHI V.   |                                       |   |   |  | ONIEULIE BEAL                          | ∙п г⊾                                   |            |  |
| ST   | DAY, PAMELA  |                                       | 6039 QUEENSTON STREET                                   |   |  | SPRINGFIELD VA                         |   |            |  |
|  |  |                                       |   |   |  | podpa                                  | 252055 <u>-</u><br>787-01085-00         |            |  |
|  |  |                                       | 1   |   |  | -11/19<br>sesses 1                     | /970108500<br>65.00 ****165.            | ະ<br>ເກັກໄ |  |
|  | <u> </u>   |                                       |   | <del></del> _                                   |  | 44441                                  | 004 00 4 444 4 6 6                      |            |  |
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|  |  |                                       |   |   |  |  | B . 01                                  |            |  |
|  |  |                                       | <u> </u>  |   |  |  | AN WALL                                 |            |  |
|  |  |                                       |   |   |  |  | 11,                                     |            |  |
|  | 6. Name and Address of Current   | Registered Age                        | ent   |   | 9. Name and  | ddress of New Heg                      | stered Agent                            |            |  |
| DAY  |  | Name                                  |   |   |  |  |   |            |  |
| DAY, ROBERY V.<br>376 & LAKESIDE DRIVE   |  |                                       |   | Street Address (P.O. Box Numi                   |  |  | Number is Not Acceptable)               |            |  |
| SATELLITE BEACH FL 32937   |  |                                       | Sulte, Apt. #, Etc.                                     |   |  |  |   |            |  |
|  |  |                                       |   | City  |  |  | State   Zip Code                        | $\dashv$   |  |
| 10. I. bein  | g appointed the registered agent of the ab   | ove named corpo                       | oration, am familiar wi                                 | th and accept the ob                            | ligations of Sect  | on 607.0505, F.S.                      | FL                                      |            |  |
| Signature<br>Registered  |  |                                       |   | ,   |  |  |   |            |  |
| Ŗĕgistered   | AgentR   | EGISTERED AG                          | ENT MUST SIGN   |   |  | Date                                   |   |            |  |
| 41. Tr   | is corporation owes or h   | as paid th                            | e current yea   | ar  |  | (800                                   | other side for information              |            |  |
| In   | tangible Personal Proper   | ty tax due                            | June 30.  | Yes 🄀   | No L   |  | on intangible tax.)                     |            |  |
| this rei   | y that I am an officer or director or the rece<br>natatement application, the reason for disa<br>by the corporation have been paid and the<br>application is true and accurate, and my s   | nood eed nottulo:<br>bivibni to asman | i oliminated, the corpo<br>luats listed on this fon     | orate name satisfies:<br>m do not qualify for i | the requirements<br>an exemption un  | of section 607.0401                    | or 617.0401, F.S., that all lee         | s I        |  |
| SIGNA  | TURE: BONATURE AND TYPED OR PA   | U D                                   | BIGNING OFFICER OR                                      | DIRECTOR  |  | Nove-199                               | Daysime Phone #                         |            |  |
|  | **************************************   |                                       | <u> </u>  |   |  |  | -                                       | - 1        |  |



## PERSON AND COMPANY, ACCOUNTANTS, INC. 1360 SOUTH PATRICK DRIVE SATELLITE BEACH, FLORIDA 32937 (407) 773-1040 FAX (407) 773-1041

FLORIDA DIVISION OF CORPORATIONS REINSTATEMENT DIVISION P.O. BOX 6327 TALLAHASSEE, FL 32314

**NOVEMBER 10, 1997** 

RE: SOUTHERN SCIENTIFIC INDUSTRIES, INC. FIE NUMBER 59-3326617

DEAR SIR/MADAM,

WE ARE THE ACCOUNTANTS FOR THE ABOVE REFERENCED CLIENT. WE ARE IN POSSESSION OF A NOTICE OF ADMINISTRATIVE DISSOLUTION FROM YOUR OFFICE. MR. ROBERT DAY, PRESIDENT OF SOUTHERN SCIENTIFIC, SPOKE TO A LYN TURLEY OF YOUR OFFICE AND EXPLAINED THAT HE NEVER RECEIVED ANY OF THE NOTICES FROM YOUR OFFICE.

HE WAS INSTRUCTED BY MS. TURLEY TO WRITE AND INFORM YOU THAT HE NEVER RECEIVED NOTICES FROM YOU, AND TO ENCLOSE A CHECK FOR \$165. PLEASE FIND THE REQUESTED CHECK ENCLOSED, AND WE PRESUME THAT THIS WILL TAKE CARE OF THIS MATTER.

IF YOU SHOULD NEED ANY FURTHER INFORMATION, OR SHOULD ANY FURTHER PROBLEMS ARISE, FEEL FREE TO CONTACT ME AT THE OFFICE

SINCERELY,

KEVIN A. SANBORN