APPLICAT FOR REINSTATE		FLORIDA		ENT OF STATE ortham State	Constant 49 1			
DOCUMENT # P95000088662					97 OCT 27 PM 10:57			
1. Corporation Name THE PYRO GROUP, INC.					SECRETARY OF STATE TALLAHASCEE FLORIDA			
					TALL AMASSIGN ST			
Principal Place of Business Mailing Address 4205- 6y1ven- Remble Same Tempey- 44r-33609							96-99	
2. New Principal Office	Address, If Applicable	formation and enter correction below. Ig Office Address, If Applicable Ith Franklin Street		4. Date incorporated or Qualified To Do Business in Florida				
One Tampa C Suite, Apt. #, etc. Suite 1900	Suite, Apt. #,		lin Street		r 16, 1995	Applied For		
City & State Tampa, FL		City & State Tampa, FL			59-3351611 Not Applicable			
Zip 33602	Country USA	Zip 33602	Cou	ntry SA	6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status	
	ddresses of Each Officer and/	or Director (Flo			· · · · · · · · · · · · · · · · · · ·			
Title(s) 2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I		r	City / S	tate / Zip		
V/P, Sec/? Larry Treas	One Tampa City Center Suite 1900			Tampa, FL 33602				
Pres Ronald E. Johnson			5 01d St	ratton Chase	>	Atlanta, GA	30328	
			E			000023312360 -10/28/97-01031-008 *****915.00 *****915.00		
					61	0000233: -10/28/97- *******8.75	12350 01031003 *******8:75	
B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent								
Corporation Service Company Edward O. Exercised Address (P.					Savitz P.O. Box Number is Not Acceptable)			
Tellahaceae RL 32301					220 South Franklin Street			
l.		\ .		City Tampa		State	Zip Code 33602	
10. (, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 10/24/77 REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No XX (See other side for information on intangible tax.)								
12. 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: Larry B. Richey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/24/97 Date Daytime Phone #								

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