


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000076613 1. Corporation Name MICROTECHNIX INTERNATIONAL, INC.			
2. Principal Office Address 127 Peachtree Street		3. Mailing Office Address 127 Peachtree Street	
Suite, Apt. #, etc. Suite 503		Suite, Apt. #, etc. 503	
City & State Atlanta Georgia		City & State Atlanta Georgia	
Zip 30303	Country	Zip 30303	Country US
4. Date Incorporated or Qualified To Do Business in Florida 9/13/1996		5. FEI Number .593402621	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 <u>Joan Bolden</u>		Date <u>11/6/01</u>	
REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY			
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
Dir	Thomas M. Pettigrew	1976 Delowe Drive	Atlanta, GA 30311
Dir	Karen M. Davis	1687 South Gordon Street	Atlanta, Georgia 30310
Dir	Robert E. Davis	1687 South Gordon Street	Atlanta, Georgia 30310
Pres CEO	Robert E. Davis	1687 South Gordon Street	Atlanta, Georgia 30310
VP	Thomas M. Pettigrew	1976 Delowe Drive	Atlanta, Georgia 30310
Sec Treas	Karen M. Davis	1687 South Gordon Street	Atlanta, Georgia 30310
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: <u>Robert E. Davis</u> Robert E. Davis		Date <u>11/6/2001</u>	Daytime Phone # <u>404-688-8324</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #