

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 19 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057062

1. Corporation Name

32X TECH CORPORATION

3000002050119--1
-09/26/02--01038--007
****300.00 ****300.00

REINSTATEMENT 01-02

2. Principal Office Address

969 Hollingsworth Road

3. Mailing Office Address

969 Hollingsworth Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33801

Country

USA

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

6/27/1997

5. FEI Number

593499492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Kenneth C. Miller

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

969 Hollingsworth Road

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date 8/14/02

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
D	Kenneth C. Miller	969 Hollingsworth Road	Lakeland, FL 33801
D	Kenneth L. Spencer	6000 Spanish Oak Drive	Greensboro, NC 27409

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth C. Miller
Kenneth C. Miller

8/14/02

Date

863.802.4774

Daytime Phone #