

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000087586

1. Corporation Name

Specialized Technologies, Inc.

2. Principal Office Address

645 MAYPORT RD

3. Mailing Office Address

PO BOX 330869

Suite, Apt. #, etc.

4A

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

US

Zip

32233

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/97

5. FEI Number

59-3471318

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

KEVIN O'MALLEY

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

1330 OCEAN BLVD.

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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

Kevin O'Malley

Date 10/23/00

REGISTERED AGENT MUST SIGN

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
President	Kevin O'Malley	1330 OCEAN BLVD	ATLANTIC BEACH FL 32233

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:

Kevin O'Malley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

(904) 249-2818

Daytime Phone #

CR2E081 (9/99)

2012

Specialized Technologies, Inc.
645 Mayport Road, Suite 4A
Atlantic Beach, FL 32233

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

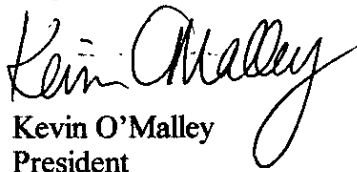
October 23, 2000

RE: Annual Report/ Reinstatement Filing

Dear Sirs:

I recently browsed www.sunbiz.org and noticed that the site listed my company as dissolved. My address has changed in the last twelve months and I never did get a renewal form or notice that it would be dissolved. Please note my new address as per the attached form.

Regards,


Kevin O'Malley
President