PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION COMPANY
REINSTATEMENT

4 N. C

Applicable ee required of Status

APP	CATION	
REINS	ATEMENT	

REINS	P	TACK MENT		Kather Secreta	RIMENT OF STATE rine Harris ary of State corporations		FILL SECRETARY VISION OF CO	ED 10FSTA ORPORA	TIONS	
DOCUMENT # P9700092294 1. Corporation Name							00 OCT 18	CT 18 PM 3:28		
J<E	ECHNI	CAL SERVICES,	INC.			`				
Principal Place 1967 ALTON D CLEARWATER	OR.	s	Mailing Addre 1967 ALTON CLEARWATE	DR.			.			
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 11/01/1997					
City & State		City & State		5. FEI Number	59-3473936		Applied For Not Applicat			
Zip		Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Add for a Ce	litional Fee requ	
7. Names and	Street Add	resses of Each Officer and/o	r Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
DPST GROSCH, LISA M		LISA M	1967 ALTON DR.			CLEARWATER FL 33763				
				,	<u> </u>	1	000034 10/27/0 ****150)OO1O	○1 015016 ***150.0	

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent James W. Grosch
Street Address (P.O. Box Number is Not Acceptable) MIZIO. ARMANDO 25400 US 19 N., STE. 210 Suite, Apt. #, Etc. 1967 Alton Drive **CLEARWATER FL 33763** Clearwater, FL 33763

City

10. I, 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

REGISTERED AGENT MUST SIGN

Date 10

State Zip Code

11. 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.

Daytime Phone #

J&L Technical Services, Inc.

2203 N. Hercules Ave. ♦ Clearwater, FL 33763 Phone 727-736-8024 • Fax 727-738-5010

October 13, 2000

Florida Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

To Whom it May Concern,

Please find enclosed a check for \$150.00 for our 2000 Annual Report/uniform business report filing fee.

We were unaware that we needed to notify your office of our address change which occurred last year.

Please accept this payment and reinstate our corporation for the year 2001.

Sincerely,

Lisa M. Grosch — President James W. Grøsch