

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 19 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097000104463

1. Corporation Name

TECTONICS INTERNATIONAL CORPORATION
2000-12852

Principal Place of Business

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE
SUITE 30
ROUTE VEDNA BEACH, FL. 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida
12-10-97

5. FEI Number

59-3493469

Applied **SP**
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$275 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chairman & CEO	L. JOE Scallan	232 LAUREL LANE Route	Route Vedna Beach, FL 32082
President & Sec/Treas	Arthur Sherrin, Jr.	100 Twelve Oaks	Route Vedna Beach, FL 32082
Dir	Hamilton Jordan	1371 Wesley Parkway	Atlanta, GA. 30327

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

MICHAEL A. WALTERS
50 NORTH LAURA ST.
SUITE 2200
JACKSONVILLE, FL 32202

9. Name and Address of New Registered Agent

Name MICHAEL A. WALTERS
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
Suite, Apt. #, Etc.
Suite 2200
City Jacksonville
State FL Zip Code 32202

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

Michael Walters

REGISTERED AGENT MUST SIGN

Date

5/15/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Joe Scallan

16 May 00

Date

(904) 543.0500

Daytime Phone #