

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 25 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000105672**

1. Corporation Name

**AUTOMATED TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 160362  
ALTAMONTE SPRINGS FL 32716-0362

P.O. BOX 160362  
ALTAMONTE SPRINGS FL 32716-0362

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1997

5. FEI Number

59-3482795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
D	MUIR, WILLIAM B	950 PACES CIRCLE, NO. 100 267 GARY BLVD.	APOPKA FL 32703 LONGWOOD, FL 32705

800002792758-3  
-03/03/99-01004-004  
\*\*\*\*\$900.00 \*\*\*\*\$900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.	
City		City	
State		State	
Zip Code		Zip Code	
MCMULLEN, JACK K 201 EAST PINE ST., STE. 1200 ORLANDO FL 32801			

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

11. This corporation owes or has paid 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

2/5/99 407-331-1818

CR2E040 (9/96)