

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000014389

1. Corporation Name

HSA Technical Services, Inc.

2. Principal Office Address

201 S. Orange Ave

Suite, Apt. #, etc.

Suite 1015

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/99

5. FEI Number

59-3557517

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

Peter Barts, President

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

201 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 1015

City

Orlando, FL 32801

State

FL

Zip Code

32801

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

Peter Barts

REGISTERED AGENT MUST SIGN

Date

12/10/02

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
P.S.	Peter Barts	201 S. Orange Ave, Suite 1015	Orlando, FL 32801
V.T.	Scott Jorgenson	Same as above	

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

Peter Barts Peter Barts

Date

12/10/02

Daytime Phone #

(407) 649-7235

CR2E081 (9/01)

12/13