PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P99000014389 DOCUMENT #

1. Corporation Name

HSA TECHNICAL SERVICES, INC.

FILED

03 OCT 13 PH 1:29

SECRETARY OF STATE FALLAHASSEE, FLORIDA

201 S ORANGE AVENUE SUITE 1015 ORLANDO FL 32801 If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		201 S ORANGE AVENUE SUITE 1015 ORLANDO FL 32801 through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 59-3557517 CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Námes	and Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofi					
tle(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PS	BARTS, PETER	R 201 S O		S ORANGE AVENUE		ORLANDO FL 32801		
VT	JORGENSON, SCOTT		201 S ORANGE AVENUE		ORLANDO FL 32801			
					60 107137	00237658 0301097017	**150.00	
	8. Name and Address of Curre	nt Registered Age	ent		9. Name and	Address of New Registered	Agent	
BARTS, PETER 201 S ORANGE AVENUE SUITE 1015 ORLANDO FL 32801					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I, being Signature o Registered	g appointed the registered agent of the a	bove named corporate REGISTERED AG	RE	QUIRED	bligations of Sect	Date	5, F.S.	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HSA Technical Services, Inc.

Environmental and Engineering Services

October 10, 2003

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject:

Application for Reinstatement

HSA Technical Services, Inc. Document #P99000014389

Dear Sir or Madame:

Please find enclosed an Application for Reinstatement for our firm.

As you are aware, on December 12, 2002, we filed Corporate Annual Report / Uniform Business Reports for years 2000, 2001, and 2002. We were informed at that time by your staff that you maintained an incorrect address for our company, and therefore we never received the report notices. We updated our address in December 2002, but since the update was made at the same time that the first notice for the year is issued, it may have also been sent to the incorrect address (in Maitland, Florida).

To date, we have never received notices for Corporate Annual Report / Uniform Business Reports. However, our address is correctly shown on the attached Application for Reinstatement. The reason that the application was sent to the correct address, but the notices never arrived, is unknown to us.

Please reinstate our corporation. We have enclosed a check in the amount of \$150 for reinstatement. Thank you for your attention to this matter.

Sincerely,

HSA Technical Services, Inc.

Peter T. Barts, P.G.

President

Enclosures (2)