


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000035969 1. Entity Name MOHS TECHNICAL CONSULTING, INC.					
Principal Place of Business 1126 BRAFFORTON DR TALLAHASSEE, FL 32311			Mailing Address 1126 BRAFFORTON DR TALLAHASSEE, FL 32311		
2. Principal Place of Business 6028 Pickwick Rd Suite, Apt. #, etc.		3. Mailing Address 6028 Pickwick Rd Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32309		City & State Tallahassee, FL Zip 32309		4. FEI Number 01-0691258 Applied For <input type="checkbox"/> Not Applicable	
Country us		Country us		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECK, BARBARA 1126 BRAFFORTON DR TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name Barbara Beck Street Address (P.O. Box Number is Not Acceptable) 6028 Pickwick Rd City Tallahassee FL Zip Code 32309	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barbara Beck</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BECK, BARBARA 1126 BRAFFORTON DR TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beck, Barbara 6028 Pickwick Rd Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900058396019 08/09/05--01055--001 **308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara Beck</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

05 AUG 10 PM 4:08



REINSTATEMENT
07132005 REIN-P CR2E098 (6/04) 04-05

B. Mitchell AUG 11 2005