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
98 JAN -7 PM 4:19

DOCUMENT # S 95578

1. Corporation Name
GEOTECHNICAL, INC

Principal Place of Business: Rt. 2 Box 54, Bristol, FL 32321
Mailing Address: Rt. 2 Box 54, Bristol, FL 32321

01/09/98-01100-023
***1080.00 ***1080.00

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: 1992

5. FEI Number: 59-3095157

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President Director	Samuel T. Hatcher	Rt. 2 Box 54	Bristol, FL 32321
Vice President Director	Ronald L. Foreman	123 Nelson Street	Newborn, GA 30056

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SC 1-7-98

8. Name and Address of Current Registered Agent
Samuel T. Hatcher
Rt. 2 Box 54
Bristol, FL 32321

9. Name and Address of New Registered Agent
Name: Samuel T. Hatcher
Street Address: (P.O. Box Number is Not Acceptable) Rt. 2 Box 54
Suite, Apt. # Etc.
City: Bristol | State: FL | Zip Code: 32321

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: Samuel T. Hatcher Date: December 27, 1997

IF CHANGE IN AGENT, MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(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 any signature shall have the same legal effect as if made under oath.

SIGNATURE: Samuel T. Hatcher December 27, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #: 850/643-2655

CR2E045 (2/96)