

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96-99 AR

FILED
 99 JUN 21 AM 11:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V13213

1. Corporation Name
Nassau Technologies, Inc.
1417 Sadler Rd., #312
Fernandina Beach, FL 32034

Principal Place of Business Mailing Address
1417 Sadler Rd., #312
Fernandina Beach, FL 32034

REINSTATEMENT 96-99

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 | 2/10/92 |
| 5. FEI Number | 59-3114890 |
| Applied For | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$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 |
|-------------|--------------------------------------|--|---|
| P | David L. Murray | 12705 S. Kirkwood, Ste. 100 | Stafford, TX 77477 |
| D | Thomas A. DeRossett | 1877 Turtle Dunes | Amelia Island, FL 32034 |
| | | | 000002915750--0 -06/25/93--01060--018 ***1208.75 ***1208.75 |

8. Name and Address of Current Registered Agent
Gary I. Christian
3100 University Blvd., S., Ste. 101
Jacksonville, FL 32216

9. Name and Address of New Registered Agent
 Name: **Same**
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc.:
 City: State: **FL** Zip Code:

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: *Gary I. Christian* Date: **06/18/99**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* Date: **06/17/99** (904) 724-5060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/95)

RUMPH, STODDARD & CHRISTIAN

ATTORNEYS AT LAW

SUITE 101-3100 BUILDING

3100 UNIVERSITY BOULEVARD SOUTH

JACKSONVILLE, FLORIDA 32216

RICHARD C. STODDARD
GARY I. CHRISTIAN

OF COUNSEL
J. QUINTON RUMPH

TELEPHONE (904) 724-5060
FAX NO. (904) 725-4818

June 18, 1999

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Nassau Technologies, Inc.

Dear Sir or Madam:

I am enclosing herewith an Application for Reinstatement for the above-referenced corporation. Also enclosed is our firm's trust check in the amount of \$1,208.75 which includes the reinstatement fee, Annual Report fees, Corporate Supplemental fees through December 1999 and a Certificate of Status fee.

Please feel free to contact me if you have any questions. Thank you for your cooperation in this regard.

Very truly yours,



Gary I. Christian

GIC:dtm

Enclosures