PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 15 AM 9:18

DOCUMENT # F05000003670

CR2E081 (11/10)

1. Corporation Name
TESTING, ENGINEERING & CONSULTING SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
235 BUFORD DRIVE	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	—
City & State	City & State
LAWRENCEVILLE, GA	←
Zip / Country	Zip / Country
30046 USA	← USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-1314320
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
ROBERT S. JENKINS
Street Address (P.O. Box Number is Not Acceptable)
6731 MANGO AVE. SOUTH
Suite, Apt. #, Etc.
City: ST. PETERSBURG State: FL Zip Code: 33707

000247954860
05/15/13--01017--002 **1050.00

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: Robert S. Jenkins Date: 5/8/2013
REGISTERED AGENT MUST SIGN

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
PRES.	SHAWN P. MCCORMICK	2437 BERRY HALL RD.	BETHLEHEM, GA 30620
SEC. ~~VP~~	BRIAN J. WOLFE	2041 VILLAGE CHASE DR.	DULUTH, GA 30096

REINSTATEMENT MAY 15 2013 R. HUNT

10. E-mail Address: LPILKINTON@TECSERVICES.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am ~~aware that~~ false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: BJW BRIAN J. WOLFE SECRETARY 5/8/2013 770.995.8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #