

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 22, 2009
Secretary of State**

DOCUMENT# N03000010373

Entity Name: TECHS, INC.

Current Principal Place of Business:

1121 W GRACE STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1121 W. GRACE STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 65-0933372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, CLEMMIE C
1121 W. GRACE STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CLEMMIE C. PERRY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: REDDICK, DORIS R
Address: 1121 GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: DANIELS, KIMBERLY
Address: 16740 SW 99 AVE
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: MILLER, JEAN
Address: P.O.BOX 1173
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: PERRY, CLEMMIE
Address: 1121 W. GRACE STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMMIE C PERRY

D

12/22/2009

Electronic Signature of Signing Officer or Director

Date