

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -4 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Pa6000038376**

1. Corporation Name

**TECHNOLOGICAL INVESTMENTS
& SUPPLIES, INC.**

300004014249--0

-04/17/01--01109--008

****900.00 ****900.00

2. Principal Office Address

10773 NW 58TH ST

3. Mailing Office Address

10773 NW 58TH STREET

REINSTATEMENT

00-01

Suite, Apt. #, etc.

PMB 301

Suite, Apt. #, etc.

PMB 301

4. Date Incorporated or Qualified
To Do Business in Florida

4-29-96 SP

City & State

MIAMI, FL

City & State

MIAMI, FL

5. FEI Number

65-0662433

Applied For
Not Applicable

Zip

33178-2801

Country

MIAMI-DADE

Zip

33178-2801

Country

MIAMI-DADE

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OSCAR R. AGUILAR

Street Address (P.O. Box Number is Not Acceptable)

1260 SW 142ND COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/10/01

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
P	STEFANO S. FINCO	AVE. LAS AMERICAS PH2 EDIFICIO SAN ANTONIO	PUERTO ORTIZ EDO BOLIVAR, VENEZUELA
VP	DOMENICO BRACA	10730 NW 66 TH STREET	MIAMI, FL 33178

10. 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] (STEFANO S. FINCO)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

(705) 639-2987
Daytime Phone #

CR2E081 (9/00)