

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 OCT 20 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 646060

1. Corporation Name

TECHMAN, INC.

Principal Place of Business

Mailing Address

4225 SAN AMARO DRIVE
CORAL GABLES FL 33146-1042

4225 SAN AMARO DRIVE
CORAL GABLES FL 33146-1042

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0128441

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33146-1042

33146-1042

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)

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
STD	KHALIL, ABLA D	4225 SAN AMARO	CORAL GABLES, FL 00000
PD	KHALIL, TAREK M	4225 SAN AMARO	CORAL GABLES, FL 00000
CD	Khalil, Basil T.	4225 San Amaro Dr.	Coral Gables, FL 33146
MD	Khalil, Ronnie T.	4225 San Amaro Dr.	Coral Gables, FL 33146

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHALIL, ABLA D.
4225 SAN AMARO DR
CORAL GABLES FL 33134

Name

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

Abdul Khalil

REGISTERED AGENT MUST SIGN

Date

Oct 11, 1997

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:

Abdul Khalil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 11, 1997 (305) 667-4044

Date

Daytime Phone #

CR2E040 (7/96)