

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 13 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

TECNOMICS INTERNATIONAL, INC.

**2. Principal Office Address - No P.O. Box #**

5850 SW 86 ST

Suite, Apt. #, etc.

### 3. Mailing Office Address

5850 SW 86 ST

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
33143

Country  
USA

Zip  
33143

Country  
USA

**4. Date Incorporated or Qualified To Do Business in Florida**

06/06/1980

5- FEI Number  
59-3259390

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 **KASHIF QUERESHI**

Street Address (P.O. Box Number is Not Acceptable)  
5850 SW 86 ST

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
F

Zip Code  
3143

**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

Kashub

Date 12-12-2007

REGISTERED AGENT MUST SIGN

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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
PD	RAPHEAL WILSON	5850 SW 86 ST	MIAMI FL 33143
			600113223226 12/18/07--01024--004 **1200.00
	REINSTATEMENT	12-07	
	RH		

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-2007

Date \_\_\_\_\_

Daytime Phone #