

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 12:46

DOCUMENT #

837219

1. Corporation Name

Tech Aeroform Products, Inc

2. Principal Office Address

3551 NW 116th Street

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33167

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1976

5. FEI Number

59-1693932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

David Melin

200004009292-4

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

3551 NW 116th Street

04/16/01-01007-022

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33167

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

David Melin

Date 4/4/01

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
P	Charles Custin	3551 NW 116 th Street Miami, FL	Miami FL 33167
C	Burton Koffman	300 Plaza Drive	Vestal NY
T	Richard Koffman	300 Plaza Drive	Vestal NY
V	David Koffman	300 Plaza Drive	Vestal NY
S	Jeffrey Koffman	300 Plaza Drive	Vestal NY
Asst. S	Howard R. Hberg	300 Plaza Drive	Vestal NY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES CUSTIN

Date

Daytime Phone #

4/4/01 305-685-5993

CR2E081 (9/00)