PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

13 MR 22 All 8: 45

DOCUMENT #

F11000003320

1. Corporation Name

REINST	ATEMENT	19-13
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Neotec	ra, Inc.		REI	NSTATE	MENT 13	
2. Principal Office Address - No P.O. Box 90 John Street Suite, Apt. #, etc. 504	90 John St.			CR2E081 (11/10) 4. Date Incorporated or Qualified		
OU4 City & State	504 City & State		To Do Bus August 16, 20	siness in Florida 01		
New York, NY	New York,		5. FEI Numb		Applied For Not Applicable	
10038 US	10038	US	6. CERTIFICA	TE OF STATUS DESIRED	i8.75 Additional Fee required for a Certificate of Status	
7. Name and a	Address of Current Registered Age	nt				
Hubco Registered Agen Street Address (P.O. Box Number is Not 7 155 Office Plaza Drive Suite, Apt. #, Etc. 1st Floor City Tallahassee	t Services, Inc.	State Zip Code FL 32301	03/	10024599 22/1301028	92234 020 **900.00	
8. I, being appointed the registered agent	of the above named corporation, am	<u>!</u>	the obligations of sect	tion 607.0505 or 617.0503, F	F.S.	
Signature of Registered Agent	Bun & HALL REGISTERED AGENT MUST	T SIGN		Date 3/14/2013		
9. Names and Street Addresses of Each	Officer and/or Director (Florida nonpre	ofit corporations must list	at least 3 directors)			
Titles Name of Officers and/or		Street Address of Each Officer and/or Director		City / Si	ate / Zip	
P Sunita Go	oswani	53 Lyle Pl	ace	Edison, I	NJ 08820	
				MAR 2 6	2013	

SIGI	NAT	URE:
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SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2013

Daytime Phone #

^{11.} 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.