APPLICATION FOR REINSTATEMENT FOR 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
REINSTATEMENT 1991 1996

FILED
96 DEC 16 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1 Name and Mailing Address of Corporation: DOCUMENT # F62361

TECHNICOR CONSTRUCTION CO., INC.
1181 S.W. 15th Street
Boca Raton, Florida 33468

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect incomplete, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02.16.1982

4. FEI Number: 59-2159031
☐ FEI Number Applied For
☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	PAUL A. SENECAL	1181 S.W. 15th Street	Boca Raton, Florida 33468
			900002033659--1 -12/19/96--01031--010 ***1236.25 ***1236.25

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

8 Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: LARRY J. BEHAR, P.A.
Street Address (Do NOT Use P.O. Box Number): 888 S.E. 3rd Avenue, Suite # 400
Street Address (Do NOT Use P.O. Box Number):
City and State: Fort Lauderdale FL.
Zip Code: 33316

8 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 _____ Date 12.13.1996
REGISTERED AGENT MUST SIGN

9. 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. 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 of Officer or Director _____ Date 12/13/1996 Phone # (514) 731-0824

Typed or printed name of signing officer or director _____

10. Should you desire a certificate of status check the box.