PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 26 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005859

1. Corporation Name

Techinomics, Inc.

Principal Place of Business	Mailing Address
1837 S. E. Federal Highway Suite 732 Stuart, Florida 34994	same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	P.O. Box 1166
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Stuart FL
Zip / Country	Zip: 34995-1166 Country: USA

4. Date Incorporated or Qualified To Do Business in Florica: 11/04/94

5. FEI Number: 52-1593283 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Robert S. Provost	5630 Foxcross Place	Stuart, FL 34997
VP	William G. Clifford	5671 Winged Foot Drive	Stuart, FL 34997
			700003121307--0 -02/02/00--01071--009 ****758.75 ****758.75
			700003121307--0 -02/02/00--01071--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mr. Robert Provost 1837 S. E. Federal Highway Suite 732 Stuart, Florida 34994	Name: N. Dean Kahl, Jr Street Address (P.O. Box Number is Not Acceptable): 50 SE Kindred St Suite, Apt. #, Etc.: Suite 107 City: Stuart, State: FL Zip Code: 34994

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: _____ Date: 01/21/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ VP 12/09/1999 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #