

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **F95000000795**

1. Corporation Name

TECMAR TECHNOLOGIES, INC.

Principal Place of Business

1900 PIKE ROAD
SUITE E
LONGMONT CO 80501

Mailing Address

1900 PIKE ROAD
SUITE E
LONGMONT CO 80501

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1995

5. FEI Number

95-4317481

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	WASSMANN, ERNEST H GEO- DIAUTOLO, JOSEPH	1900 PIKE ROAD, SUITE E	LONGMONT CO 80501
D- VP	ALBERT, MARTIN G- ONGARATO, MICHAEL	8800 E. THOUSAND OAKS BLVD, SUITE 1900 PIKE ROAD, SUITE E	WESTLAKE VILLAGE CA 91382 LONGMONT, CO 80501
V-	REEVES, MARK	76 JUPITER HOUSE, CALLEVA INDUSTRI	ALDERMASTON BERKSHIRE RG7
S/S S/CF/D/EXVP	ZEBERLEIN, ROBERT	1900 PIKE ROAD, SUITE E	LONGMONT CO 80501
ASST S/T	DIAUTOLO, JOSEPH- ARNOLD, DEL	1900 PIKE ROAD, SUITE E	LONGMONT CO 80501
			SP

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003070484--1

-12/15/99--01009--022

****550.00 ****550.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Laura E. Duff

REGISTERED AGENT MUST SIGN

Date 12-6-99

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., 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:

Del Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEL ARNOLD, ASSISTANT SECRETARY/TREASURER

NOVEMBER 23, 1999 (303)702-7093

Date

Daytime Phone #

2

JESSOP & COMPANY, P.C.

ATTORNEYS AT LAW

303 EAST 17TH AVENUE, SUITE 930
DENVER, COLORADO 80203-1264
TEL: (303) 860-7700 FAX: (303) 860-7233

November 29, 1999

Division of Corporations
Annual Report/Reinstatement Section
Attn Tyrone
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Tecmar Technologies, Inc.
Application for Reinstatement

Dear Tyrone:

Enclosed please find our "Application for Reinstatement" (the "Application") for filing with the Florida Department of State and a check for \$550.00. Per our conversation on November 2, 1999 I was told our original report dated May 15, 1999 had been returned for correction, but it could not be located. I request that any late fees be waived.

Please call me if you have any questions.

Sincerely yours,



Lorraine Sides
Paralegal

Is

Enc.

cc: Del Arnold