

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

f95 000002471  
TECOM Fleet Services, Inc

FILED

02 APR 11 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8834 N. Capt. of TX Hwy  
Suite #302  
Austin, TX 78759P.O. Box 26492  
Austin, TX 78755

REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

May 1995

5. FEI Number

74-1874418

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Thomas L. Collins	8834 N. Capt. of TX Hwy #302	Austin, TX 78759
Pres.	R. Lynn Laycock	8834 N. Capt. of TX Hwy #302	Austin, TX 78759
V.P.	Toby Dickinson	8834 N. Capt. of TX Hwy #302	Austin, TX 78759
			100005337171--1 04/24/02 01014 020 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jairo Pena  
13975 Pembroke Road  
Pembroke Pines, FL 33027

Name

Jairo Pena

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

13975 Pembroke Road

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date 4/10/02

11. This corporation owes 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: Jairo Pena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 954-435-0141

Date

Daytime Phone #