

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # G10481

1. Corporation Name

TECUANI, INC.

Principal Place of Business

Mailing Address

22332 MIZELL ROAD
BROOKSVILLE FL 34602
US

22332 MIZELL ROAD
BROOKSVILLE FL 34602
US

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

2. New Principal Office Address, If Applicable

21019 AYERS ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

21019 AYERS ROAD

Suite, Apt. #, etc.

City & State

BROOKSVILLE

City & State

BROOKSVILLE FL

Zip

FLORIDA

Country

34609 USA

Zip

34609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1982

5. FEI Number

59-2251299

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 3	City / State / Zip 4
PST	DE YARHI, DOROTHEA P.	21017 AYERS ROAD	BROOKSVILLE FL
D	DE YARHI, DOROTHEA P.	21017 AYERS ROAD	BROOKSVILLE FL

800004687398--2
-11/19/01--01050--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE YARHI, DOROTHEA PRAXMARER
22332 MIZELL ROAD
BROOKSVILLE FL 34602

Name

DE YARHI, DOROTHEA PRAXMARER

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

21017 AYERS ROAD

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34609

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/2

FILED

01 OCT 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2001 UBR

CR2E040 (8/01)

TECUANI INC.
21019 AYERS ROAD
BROOKSVILLE
FLORIDA 34609

October 18, 2001

Division of Corporations
U B R Filings
P O Box 1500
Tallahassee FL 32302

Dear Sirs:

Please find enclosed our check in the amount of \$150.00 in payment of 2001 UBR fees.

While we realize that we are late in paying and filing we request a waiver of the penalty due to the following---

The annual report was mailed to the wrong address and we never received same. The first indication we had that we were not in compliance was receipt of the reinstatement application.

During the year we moved location----

Old address 22332 Mizell road
 Brooksville
 Florida 34602

New address 21019 Ayers Road
 Brooksville
 Florida 34609

Very Truly Yours

Lucy Yarhi