


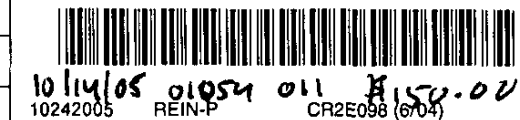
2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G10481		
1. Entity Name TECUANI, INC.		

Principal Place of Business 21019 AYERS ROAD BROOKSVILLE, FL 34609 US	Mailing Address 21019 AYERS ROAD BROOKSVILLE, FL 34609 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
DE YARHI, DOROTHEA PRAXMARER 21017 AYERS ROAD BROOKSVILLE, FL 34609	



4. FEI Number 59-2251299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DE YARHI, DOROTHEA P. 21017 AYERS ROAD BROOKSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE YARHI, DOROTHEA P. 21017 AYERS ROAD BROOKSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothea P. LeYer 10/8/05 352-799-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 NOV 14 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 8, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Tecuani, Inc. For Profit Corporation Reinstatement
Ref. No. G10481

Good Morning:

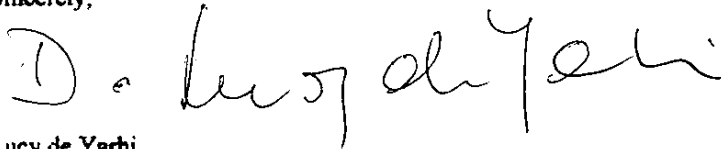
I am writing to request a waiver of the reinstatement fee for Tecuani, Inc.'s corporation reinstatement.

The filing was not timely because my accountants, Advanced Associates, Inc. (2890 N. Andrews Ave. #B, Wilton Manors, FL 33311, (954) 563-2883) experienced hurricane-related flooding, electrical outage, and telephone outage this spring and were unable to conduct business as usual at the time the filing was due. I have used Advanced Associates as accountants for 22 years and this is the first time they have ever had a filing irregularity.

I am enclosing the completed and signed reinstatement application, and a copy of your letter concerning the reinstatement dated October 24, 2005.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lucy de Yarhi". The signature is fluid and cursive, with the first letter of each word being capitalized and prominent.

Lucy de Yarhi
Tecuani, Inc.
21019 Ayers Road
Brooksville, FL 34609