PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB 27 AM 8:96
TALLAHASSEE, FLORIDA
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02/27/18--01032--001 **100.00
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02/27/18--01032--002 **371.25

CR2E041 (1/14)

DOCUMENT # L05000099577

1. Limited Liability Company's Name
TECHNOLOGY PARTNERS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1600 SO. MAC DILL AVENUE	P.O.BOX 24282
Suite, Apt #, etc. #203	Suite, Apt. #, etc
City & State TAMPA FLORIDA	City & State TAMPA FLORIDA
Zip / Country 33629 / USA	Zip / Country 33623 / USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/10/2005

6. FEI Number
20-3625013
☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

8. **Name and Address of Current Registered Agent**

Name
FRANK G. CISNEROS

Street Address (P.O. Box Number is Not Acceptable) Suite,
1600 SO. MAC DILL AVENUE

Apt #, Etc
#203

City	State	Zip Code
TAMPA	FL	33629

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 2/15/2018
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
D MGR	FRANK G. CISNEROS	1600 SO. MAC DILL AVENUE #203	TAMPA FLORIDA 33629
AP	MARIO CANEDO MD	4201 BAYSHORE BLVD # 1101	TAMPA FLORIDA 33611
AP	GUILLERMO LEON MD	18605 AVENUE CAPRI	LUTZ FLORIDA 33558
AP	LUIS MENENDEZ MD	2513 N. DUNDEE ST	TAMPA FLORIDA 33629
AP	JORGE J. INGA MD	6701 HANLEY ROAD	TAMPA FLOIRDA 33634
AP	RAFAEL BLANCO MD	32 BAHAMA CIRCLE	TAMPA FLORIDA 33606

11. E-mail Address: fgc4918@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 2/15/2018 Daytime Phone # 813-2201361

Typed or printed name of signing authorized representative/member Frank G Cisneros