

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN -6 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010373

1. Entity Name  
TECHS, INC.



Principal Place of Business  
9200 SW 132 ST  
MIAMI, FL 33176

Mailing Address  
~~9200 SW 132 ST~~ 1121 W. Grace Street  
~~MIAMI, FL 33176~~ TAMPA, FL  
33607



REINSTATEMENT

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0933372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, CLEMMIE C  
9200 SW 132 ST  
MIAMI, FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME REDDICK, DORIS R  
STREET ADDRESS 1121 GRACE ST  
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

TITLE Director  
NAME Clemmie Perry  
STREET ADDRESS 1121 W. Grace St.  
CITY-ST-ZIP TAMPA, FL 33607 ☐ Change ☒ Addition

TITLE S  
NAME DANIELS, KIMBERLY  
STREET ADDRESS 16740 SW 99 AVE  
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME MILLER, JEAN  
STREET ADDRESS P.O. BOX 1173  
CITY-ST-ZIP BRANDON, FL 33509 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *Clemmie Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05

Date

Daytime Phone #

6 JUN 6 2007