


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000005866		
1. Entity Name THE TECHNOLOGY FOUNDATION, INC.		

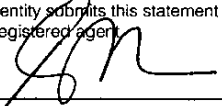
Principal Place of Business 7425 SW 42 STEET MIAMI, FL 33155	Mailing Address 7425 SW 42 STEET MIAMI, FL 33155
--	--

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	
BRAZER, CARRIE 2923 S.W. 30 COURT MIAMI, FL 33155	

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.

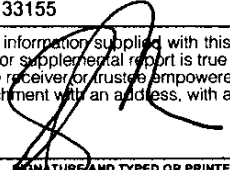
SIGNATURE  DATE 10-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	P
NAME	DE MARIA, BOB	NAME	400080929974
STREET ADDRESS	7425 S.W. 42 STREET	STREET ADDRESS	10/17/06--01050--012 **236.25
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	GLICKEN, IRVING	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	WAAS, JULIE	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BRAZER, CARRIE	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	RYDLAND, ERIC	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BRAND, ADAM	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	

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:  DATE 10-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

06 OCT 17 AM 7:59

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



10122006 REIN-NP CR2E099 (11/05)

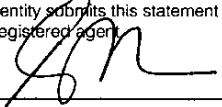
4. FEI Number
65-0710854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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.

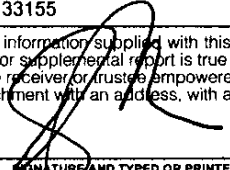
SIGNATURE  DATE 10-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	P
NAME	DE MARIA, BOB	NAME	400080929974
STREET ADDRESS	7425 S.W. 42 STREET	STREET ADDRESS	10/17/06--01050--012 **236.25
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	GLICKEN, IRVING	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	WAAS, JULIE	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BRAZER, CARRIE	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	RYDLAND, ERIC	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	BRAND, ADAM	NAME	
STREET ADDRESS	7425 SW 42 STEET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	

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:  DATE 10-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR