

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 13 PM 2:37

DOCUMENT # N96000005866

1. Corporation Name

THE TECHNOLOGY FOUNDATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800023747368

10/13/03--01055--007 \*\*245.00



REINSTATEMENT 2003

Principal Place of Business

7425 SW 42 STREET  
MIAMI FL 33155

Mailing Address

7425 SW 42 STREET  
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0710854

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<del>VSTD</del> D	<del>DESTEFANIS, PAUL D</del> GOLDBERG, ALAN	<del>701 JERONIMO DR</del> 7425 SW 42 STREET	<del>CORAL GABLES FL 33140</del> MIAMI FL 33155
D	GLICKEN, IRVING	7425 SW 42 STREET	MIAMI FL 33155
<del>FD</del> D	WAAS, JULIE	7425 SW 42 STREET	MIAMI FL 33155
<del>PD</del> D	BRAZER, CARRIE	7425 SW 42 STREET	MIAMI FL 33155
D	<del>MYRTETUS, PETER</del> Rydland, ERIC	<del>7425 SW 42 STREET</del> 7425 SW 42 STREET	<del>MIAMI FL 33155</del> MIAMI FL 33155
D	NOVELA, DAN	7425 SW 42 STREET	MIAMI FL 33155
D	MILLHEISER, DAVE	7425 SW 42 STREET	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DESTEFANIS, PAUL D~~  
~~701 JERONIMO DR~~  
~~CORAL GABLES FL 33140~~

Name  
Carrie Brazer  
Street Address (P.O. Box Number is Not Acceptable)  
2923 SW 30 Court  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33155

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 reasons 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 (305) 262-5999

CR20040 (7/03)