

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:01

DOCUMENT # P00000064096

1. Corporation Name

TEC9COM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4045 SHERIDAN AVE STE 349
MIAMI BEACH FL 33140

Mailing Address

4045 SHERIDAN AVE STE 349
MIAMI BEACH FL 33140



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/2000

5. FEI Number

65-1020899

Applied For

Not Applicable

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
P	CULBRETH AL	5255 COLLINS AVE	MIAMI BEACH FL 33140

4000008810174

11/05/02--01085--022 **150.00

8. Name and Address of Current Registered Agent

CULBRETH, AL
4045 SHERIDAN AVE STE 349
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10.28.07

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 reason 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 866-1300

Date

Daytime Phone #



Suite 349
4045 Sheridan Avenue
Miami Beach, Florida 33140
Tel: 305.868.4745
Fax: 305.868.3083
E-mail: ac@tec9com.net

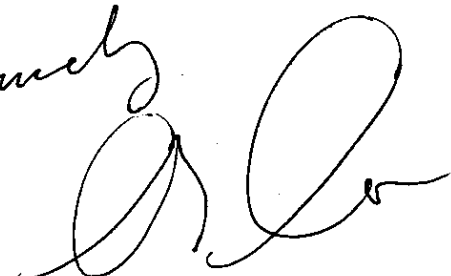
10/30/2002

To Whom it may : My Florida .com
concern:

My ACCEPT the
Enclosed \$150
Annual Report

Filing Fee I

never Received my # Copy
of the Annual Report. Thank You
For Understanding!

Sincerely


www.

Sun Biz.org

AL CULBRETH