

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 19 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070933

1. Corporation Name

TELECO VISION TECHNOLOGIES, INC.
5460 N STATE RD 7 # 108
FORT LAUDERDALE, FL 33319

2. Principal Office Address - No P.O. Box #

5460 N STATE RD 7

Suite, Apt. #, etc. # 108

City & State

FORT LAUDERDALE, FL

Zip

33319

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/2000

5. FEI Number

26-0905674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-07

7. Name and Address of Current Registered Agent

Name

SANDRA JOHNSON

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

5460 N STATE RD 7 # 108

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sandra Johnson

REGISTERED AGENT MUST SIGN

Date 9/15/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P.D. | STEVE EMMANUEL | 5460 N STATE RD 7 # 108 | FORT LAUD FL 33319 |
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10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/07

Date

Daytime Phone #