PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Division of corporations	FILED 06 JAN -9 AM 10: 47
DOCUMENT# 90000084810	CAURETANT OF STATE FALLAMASSEE, FLORIDA
1. Corporation Name	TALLAMASSEE, FLORIDA
	Paragraphical designs of the second s
2. Principal Office Address 4811 SW 164 texace 4811 SW 164 texace	REINSTATEMENT 03-06.
Suite. Apt. # utc. Suite, Apt. # etc	4. Date Incorporated or Quarified To Do Business in Florida 1990
SW Ranches SW Ranches	5. FEI Number 45-103 9513 Applied For Not Applied be
7p	G. CERTIFICATE OF STATUS DESIRED 379 LACERESTORY RELIEVED TO THE CONTROL OF STATUS
7. Name and Address of Current Registered Agent	
Felix H. Bodriquez 200063569653	
Street Address (P.O. Box Number: 4811: 5W (16.4 tema c)1/12/06-01055-020 **601.00	
Sulte, Apt. #, Etc. Sw Bunches FL 33331	
City	State Zip Code FL 3333/
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 Date Date	
9. Names and Street Addresses of Eagl Office and/or Director (Florida nonprohit corporations must list at least 3 directors)	
Titles Name of Street Address of Earl Officers and/or Directors Officer and/or Direct	
DP FElix H. Rodrigua 48115W 16	
DST MARGON BODISNES 48115W 1646	TOTALE SW Randes F/33331
A	10
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 suction 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 attribute shall have the same legal effect as if made under path. SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destruction 607 0401 or 617, F.S., I further certify that when filing this reinstatement application for the requirements of suction 607 0401 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 suction 607 0401 or 617, 0401, 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 suction 607 0401 or 617, 0401, F.S., I further certify that when filing this reinstatement application is true and of 617, 0401, F.S., I further certify that when filing this reinstatement application is for a further certification for the reason for dissolution and the requirements of suction for any application as received and the requirements of suction 607 0401 or 617, F.S., I further certify that when filing this reinstatement application for a further certification for any application for any applicati	

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nnic Air Inc.

To: Division of Corporation P 00000084810 Technic Air Inc.

This is a letter or statement on 1993 I did not received the form to apply and send \$150.00 to reinstate

the Corporation I called they never changed the mailing address to: 4811 SW 164 Terrace SW Ranches,

Florida 33331, this letter is asking for a fee waiver for 2003, mailing an application reinstatement with \$300.00

fee please mail Documents to the above address and change your system.

Thank You

Felix M Rodriguez

President

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