PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P00000090002 DOCUMENT

1. Corporation Name

THE TESCH CORPORATION

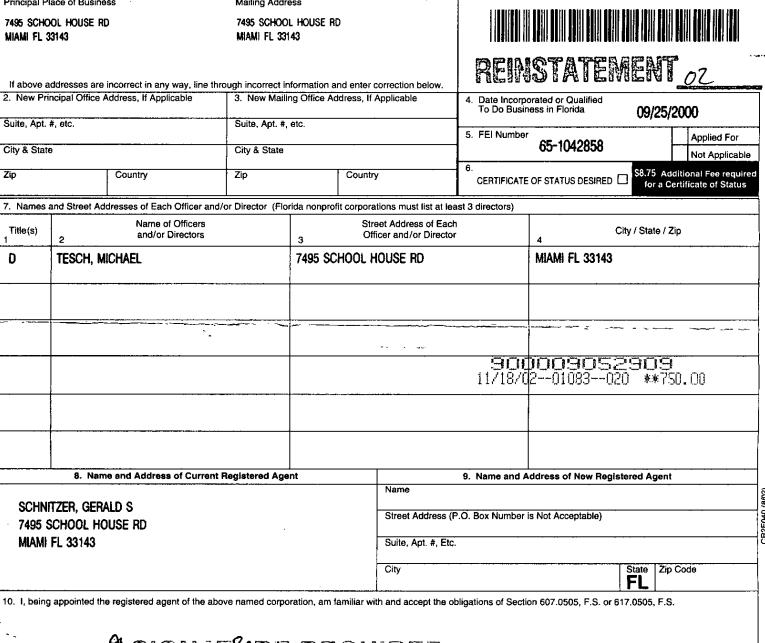
Principal Place of Business

Mailing Address

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SECRETARY OF STATE TALLAMASSEE. FLORIDA



11. I certify that I am an officer or director or the receiver or trustee empewered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 isted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

on this application is true and

Nov 5 02 305-66