PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE NI	EAD ALL INO!	HUCHUNG	DEFUNE C	OWFLET	וואט וחוס רטו	nivi.	
APPLICATION FOR REINSTATEMENT		A DEPARTMEI Katherine Ha Secretary of S VISION OF CORPORA	State		And the state of the control of the	D	
DOCUMENT # P0000095203 1. Corporation Name				01 OCT 29 PM 2: 44			
TECHTRANSFER CORPOR	RATION				SERTELASSEE	JE STATE J. FEORIDA	
Principal Place of Business Mailing Addr 10425 SW 112 AVENUE-SUITE 306 10425 SW 112 MIAMI FL 33176 MIAMI FL 331							
If above addresses are incorrect in any ways 2. New Principal Office Address, If Applicable	, line through incorrect in 3. New Maili	nformation and enter ng Office Address, If	correction below. Applicable	EMST 4. Date Incorp To Do Busin	orated or Qualified	1001	
Suite, Apt. #, etc. Suite, Apt. # City & State City & State		, etc.		5. FEI Number	104-6979	10/09/2000 Applied For Not Applicab	
Zip Country	Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of		\$8.75 Additional Fee requirements for a Certificate of Status	
7. Names and Street Addresses of Each Offi	cer and/or Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD GOMEZ PEREZ, JORGE ENF	IQUE	10425 SW 112 A	VENUE-SUITE 306	3	MIAMI FL 33176		
VPD DE GOMEZ, NUBIA CELIS 10		10425 SW 112 AVENUE-SUITE 306			MIAMI FL 33176		
SD GOMEZ CELIS, JORGE ENRIQUE 10425 SW 112		10425 SW 112 A	NVENUE-SUITE 306		MIAMI FL 33176		
TD GOMEZ CELIS, LILIANA C 104		10425 SW 112 A	0425 SW 112 AVENUE-SUITE 306			MIAMI FL 33176	
				70	0000465 -11/21/01	314878 010 83 -012	
·					****750.	00 *****750.00	
8. Name and Address of Current Registered Agent				9. Name and A	Address of New Regist	ered Agent	
GOMEZ PEREZ, JORGE ENRIQUE 10425 SW 112 AVENUE-SUITE 306 MIAMI FL 33176			Street Address (F		is Not Acceptable)	, ·	
			City			State Zip Code	

Signature of Registered Agent Date 10-18-200

REGISTERED AGENT MUST SIGN

10. I, being appointed the registered age

SIGNATURE:

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 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 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.

owed by the corporation have been paid and the names of individuals listed on this form do not quality 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.

If the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Jorge Enrique Gomez Celis 10-18-2001 (306)

(306)995-24