PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 AM 10:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000095203**

1. Corporation Name

TECHTRANSFER CORPORATION

Principal Place of Business	Mailing Address
10425 SW 112 AVENUE-SUITE 306 MIAMI FL 33176	10425 SW 112 AVENUE-SUITE 306 MIAMI FL 33176

REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 9521 Fountainebleau Blud. #407	Suite, Apt. #, etc.: 9521 Fountainebleau Blud. #407
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country:	Zip: 33172 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/09/2000

5. FEI Number: 65-1046979 ☐ 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
PD	GOMEZ PEREZ, JORGE ENRIQUE	10425 SW 112 AVENUE-SUITE 306	MIAMI FL 33176
VPD	DE GOMEZ, NUBIA CELIS	10425 SW 112 AVENUE-SUITE 306	MIAMI FL 33176
SD	GOMEZ CELIS, JORGE ENRIQUE	10425 SW 112 AVENUE-SUITE 306	MIAMI FL 33176
TD	GOMEZ CELIS, LILIANA C	10425 SW 112 AVENUE-SUITE 306	MIAMI FL 33176
		900027753379 01/28/04--01058--006 **758.75	
		900027753379 02/11/04--01018--023 **141.25	

8. Name and Address of Current Registered Agent

GOMEZ PEREZ, JORGE ENRIQUE
10425 SW 112 AVENUE-SUITE 306
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: Jorge Enrique Gomez Celis
Street Address (P.O. Box Number is Not Acceptable): 9521 Fountainebleau Blud. #407
Suite, Apt. #, Etc.: Suite #407
City: Miami State: FL Zip Code: 33172

CR2E040 (7/03)

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: _____ Date: 1/26/2004
REGISTERED AGENT MUST SIGN

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: _____ 1/26/2004 (305)553-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #