PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -6 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029224

1. Corporation Name

TECNOMEDICA INTERNATIONAL CORP. INC

REINSTATEMENT 08-09

400164773884
01/06/10--01042--006 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1750 NE 191 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
617	
City & State	City & State
Miami, FL	
Zip / Country	Zip / Country
33179 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 03/19/2001

5. FEI Number 651092553 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Maria A. Duque

Street Address (P.O. Box Number is Not Acceptable): 1750 NE 191 Street

Suite, Apt. #, Etc.: 617

City: Miami | State: FL | Zip Code: 33179

☑ 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 MARIA ALEXANDRA DUQUE Date 12-30-09.
REGISTERED AGENT MUST SIGN

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
VS	Maria A. Duque	1750 NE 191 ST. UNIT 617	MIAMI, FL 33179
PT	Manuel H. Duque	1750 NE 191 ST. UNIT 617	MIAMI, FL 33179

10. E-mail Address: MARIADUQUE04@YAHOO.COM
(To be used for future annual report notification)

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. I further certify, 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: MARIA ALEXANDRA DUQUE 12-30-09.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #