CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # P01000032686

1. Corporation Name

TECHNODAN GENERAL SERVICES, INC.
7031 Grand National Dr.

REINSTATEMENT 04
MRD

2. Principal Office Address	**3.** Mailing Office Address
7031 Grand National Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
102	
City & State	City & State
Orlando, FL	

Zip	Country	Zip	Country
32819	US		

4. Date Incorporated or Qualified To Do Business in Florida — 3/30/2001

5. FEI Number — 593709940 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeff Richoux

Street Address (P.O. Box Number is Not Acceptable)
11837 Daneswood Court

Suite, Apt. #, Etc.

City	State	Zip Code
Orlando	FL	32821

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 _____ _REGISTERED AGENT MUST SIGN_

Date _November 19, 2004_

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
PD	Dario R. Soto	7031 Grand National Drive, No. 102	Orlando, FL 32819
STD	Cruz E. Castillo	7031 Grand National Drive, No. 102	Orlando, FL 32819
			200042999942
			11/24/04--01047--006 **750.00

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 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: _____ Cruz E. Castillo — 11/24/04 — 407-816-1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/04)