

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041761

1. Corporation Name
Techniron, Inc.

REINSTATEMENT 02-03

000024505260
11/07/03--01027--022 **308.75

2. Principal Office Address
16565 NE 26 Ave.

3. Mailing Office Address
16565 NE 26 Ave.

Suite, Apt. #, etc.
3C

Suite, Apt. #, etc.
3C

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33160

Country
U.S.A.

Zip
33160

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 4/25/2001

5. FEI Number
65-1107629 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
Ron Givon

Street Address (P.O. Box Number is Not Acceptable)
16565 NE 26 Ave.

Suite, Apt. #, Etc.
3C

City
N. Miami Beach

State
FL

Zip Code
33160

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
R.G. [Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/2003

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
<u>Director</u>	<u>Ron Givon</u>	<u>16565 NE 26 Ave Apt 3C</u>	<u>N.M.B, FL 33160</u>

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: Ron Givon [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/20/2003 Daytime Phone # (305) 257945

CR2E081 (10/02)



TechniRon Inc.

Consulting & Installing of Computers & Networks.
Instructing ♦ Supporting ♦ Web Design

Dear Madam or Sir:
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Activating my company, Techniron, Inc.

A few days ago I noticed for the first time on your web site that my company's status appeared as Inactive.

Unfortunately, due to a family crisis, (my mom has become very sick and disabled), I had to leave my business in Miami for a year and move for that period of time outside of the U.S. to Israel.

Although I was not working for a long time and not making any money, I continued to pay my taxes and everything in order to make sure that I'll be able to go back to my business as soon as I can. For some reason, I did not receive your mail. Therefore I couldn't pay my fees to you on time.

~~Please try to understand my special situation and reinstate my corporation Techniron, Inc.~~

As I was instructed in our phone conversation, I'm sending a check of \$300 to activate Techniron, Inc.

Thank you for your understanding,

Ron Givon.

Please note: I'm moving back to Florida in few weeks. My address and the address of the company, Techniron, Inc. will be change from the address on the bottom to: 16565 N.E. 26 Ave, Apt # 3C, North Miami Beach, FL 33160.
Please send all mail to the new Address.

October 20, 2003