

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 12 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047105

1. Corporation Name

TECHNOCOM, INC.

Principal Place of Business

1301 NW 51 AVE
LAUDERHILL FL 33313

Mailing Address

1301 NW 51 AVE
LAUDERHILL FL 33313

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

10 THE COMMON

City & State

TAMARAC, FLORIDA

Zip

33319

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

10 THE COMMON

City & State

TAMARAC, FLORIDA

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2001

5. FEI Number

58-2623770

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

SUZETTE A. CUMMINGS

10 THE COMMON

TAMARAC, FLORIDA, 33319

V

RUEL A. CUMMINGS

10 THE COMMON

TAMARAC, FLORIDA, 33319

200012386642

02/12/03--01046--016 **\$900.00

200012386642

02/12/03--01046--017 **\$8.75

8. Name and Address of Current Registered Agent

CUMMINGS, RUEL
1301 NW 51 AVE
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

SUZETTE A. CUMMINGS

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

10 THE COMMON

Suite, Apt. #, Etc.

10

City

TAMARAC

State

FL

Zip Code

33319

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

Suzette Cummings

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

2/10/03

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:

Suzette Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/03

Daytime Phone #

CR2E040 (8/02)