CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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06 MAY -9 AM 10: 11

DOCUMENT # P01000047598

1. Corporation Name

TECH-LOGISTICS SUPPORT, INC.
4902 SW 72nd Avenue
Miami, FL 33155

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
4902 SW 72 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State	City & State
Miami, FL 33155	

5. FEI Number   65-1102398 [x] Applied For   [ ] Not Applicable

Zip 33155	Country MiamiDade	Zip	Country

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

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7. Name and Address of Current Registered Agent

Name
FRANCISCO JARES, 4902 SW 72 Ave Miami, FL 33155

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

Suite, Apt. #, Etc.

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05/23/06--01054--002 **1350 00

City		State FL	Zip Code

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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   5-8 06

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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
P	Francisco Jares	4902 SW 72nd Ave,	Miami, FL 33155
		REINSTATEMENT 02-05	

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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 contained in Chapter 119, 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: _____   5-8-06   7863716543

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