

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 DEC -6 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066843

1. Corporation Name

TECHBIZFL, INC.

Principal Place of Business

Mailing Address

400 EAST COLONIAL DRIVE, UNIT 704  
ORLANDO FL 32803

400 EAST COLONIAL DRIVE, UNIT 704  
ORLANDO FL 32803



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3729509

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LUCAS, KELLY D	400 EAST COLONIAL DRIVE, UNIT 70	ORLANDO FL 32803

800009484058  
12/06/02--01082--004 \*\*158.75

*Lucas*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI FL 33145

Name *Kelly Lucas*  
Street Address (P.O. Box Number is Not Acceptable)  
*400 East Colonial Dr*  
Suite, Apt. #, Etc. *704*  
City *Orlando* State **FL** Zip Code **32803**

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

*[Signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date *12/1/02*

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:

*[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/1/02*

Daytime Phone # *407-810-7841*

CR2ED4G (8/02)

# **TechBizfl.com**

News & Networking for High Tech Florida

December 4, 2002

Mr. Jim Smith, Secretary of State  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Mr. Smith;

Pursuant to "Notice of Administrative Dissolution or Revocation", Document #P01000066843, enclosed is my completed "Application for Reinstatement" along with the appropriate fees.

Please note, I did not receive two prior uniform business report notices and, therefore, I am submitting the payment to file the report without penalty. I am an officer/ director of the corporation.

If you have any questions, please contact me at 407-810-7841.

Sincerely,



Kelly Lucas  
President