

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081675

1. Corporation Name

THE TECHNOLOGY FIRM, Incorporated

~~1405000004225~~

2. Principal Office Address

1016 OAK STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1016 OAK STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32204

Country

U.S.A.

City & State

JACKSONVILLE, FL

Zip

32204

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEI Number

59-3736989

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

GERARD N. MAYERS

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

9820 CREEKFRONT RD.

Suite, Apt. #, Etc.

907

City

JACKSONVILLE

State

FL

Zip Code

32256

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/24/2005

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>P/V/T</u>	<u>GERARD N. MAYERS</u>	<u>9820 CREEKFRONT RD #907</u>	<u>JACKSONVILLE, FL 32256</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:

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

GERARD N. MAYERS

Date

1/24/2005 (904) 387-3662

Daytime Phone #

CR2E081 (01/05)

The Technology Firm, Inc

1016 Oak Street, Jacksonville, FL 32204

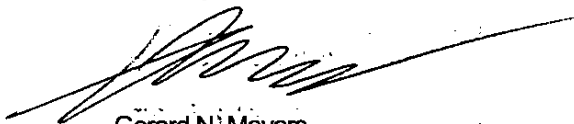
January 24, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to serve as a formal statement that I have moved the mailing address and registered agent address that was previously listed causing myself not to receive any notification that I needed to renew our corporation status. The reinstatement form has all of the correct information and I have enclosed a check in the amount of \$600.00 for the Annual Report Fee and Corporate Supplement Fee for the years 2002 - 2005 to bring the corporation in active status. Please contact me with any questions or concerns.

Sincerely,



Gerard N. Mayers
President