

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC -5 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000107536**

1. Corporation Name

TECHNO CONSTRUCTION SERVICES, INC

2. Principal Office Address

4140 S.W. 18th Street

Suite, Apt. #, etc.

3. Mailing Office Address

4140 S.W. 18th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2001

5. FEI Number

65-1150995

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

FERMIN HERNANDEZ

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

4140 S.W. 18th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33317

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

Fermin Hernandez
REGISTERED AGENT MUST SIGN

Date: **11-29-02**

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	Fermin Hernandez	4140 S.W. 18th Street	Ft. Lauderdale, FL 33317

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:

Fermin Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-29-02

Daytime Phone #

954-316-7892

CR2E081 (9/01)

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