2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000118565

Entity Name: TECH 227, INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3840 W. HILLSBOROUGH BLVD 5592 NW 125 TERRACE CORAL SPRINGS, FL 33076 #216

DEERFIELD BEACH, FL 33442

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New Mailing Address: Current Mailing Address:

5592 NW 125 TERRACE 3840 W. HILLSBOROUGH BLVD #216 CORAL SPRINGS, FL 33076

FEI Number: 26-0019638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COHEN, DAVID D COHEN, ALESSANDRA 5571 N. WINSTON PARK BLVD., #106 5592 NW 125 TERRACE

COCONUT CREEK, FL 33073 CORAL SPRINGS, FL, FL 33076 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALESSANDRA COHEN 01/12/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition COHEN, DAVID D COHEN, DAVID D Name: Name: 5571 N. WINSTON PARK BLVD., #106 5592 NW 125 TERRACE Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Delete Title: () Change (X) Addition

Name: Name: NOONAN, KEVIN Address: 12142 NW75TH PLACE Address: PARKLAND, FL 33076 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COHEN **PRES** 01/12/2005