

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000063388

1. Corporation Name

TEMATICA, INC?

2. Principal Office Address

449 Lakeview Dr. # 3

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33126

Country

USA

3. Mailing Office Address

9923 L Gable Ridge Terrace

Suite, Apt. #, etc.

City & State

Rockville, MD

Zip

20850

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/07/2002

5. FEI Number
01-0720345

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

Jose Pachana

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

449 Lakeview Dr # 3

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Date

REGISTERED AGENT MUST SIGN

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 |
|-------------|--------------------------------------|---|--------------------|
| President | Jose Pachano | 449 Lakeview Dr. # 3 | Weston, FL 33326 |
| V-President | Tamara Barnabei | 449 Lakeview Dr # 3 | Weston, FL 33326 |
| | | | |
| | | | |
| | | | |
| | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/01/04

(202) 667-9473

CR2E081 (01/04)