

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098508

1. Corporation Name

TECHNO DOC USA INC.

Principal Place of Business

5153 WEST RIO VISTA AVE.  
TAMPA FL 33634

Mailing Address

5153 WEST RIO VISTA AVE.  
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/2002

5. FEI Number

04-3711687

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	<del>MARTINE</del> <i>yaldor</i>	5151 WEST RIO VISTA AVE.	TAMPA FL 33634
	<del>DENNIS LEMONS, LEAH E</del>	<del>5153 WEST RIO VISTA AVE.</del>	<del>TAMPA FL 33634</del>

100024382491  
11/03/03--01073--013 \*\*150.00

8. Name and Address of Current Registered Agent

*yaldor*  
~~MARTINE~~  
5151 WEST RIO VISTA AVE.  
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 10/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03  
Date

813-880-0800  
Daytime Phone #

CR2ED40 (7/03)

**TECHNO DOC USA INC**  
**5151 W Rio Vista Avenue**  
**Tampa, FL 33634**

**Ph: 813 243 8850 – Fax: 813 249 8414 – e-mail: martine@y-tech.com**

October 28, 2003

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: REINSTATEMENT OF CORPORATION

Gentlemen:

I have received your Notice of Administrative Dissolution in the name of the corporation shown above.

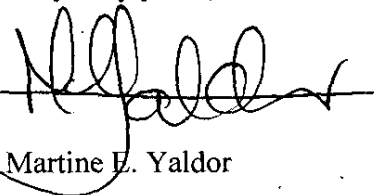
This is the first notice I have received that the Corporate Annual Report for the current year had not been filed.

I am enclosing the filing fee of \$ 150.00 along with the Application for Reinstatement and please note the following corrections.

- 1.) The correct spelling of the Chief Executive Officer is:  
Martine E. Yaldor
- 2.) Please omit the name of Leah E. Dennis-Lemons as Vice President as she is no longer associated with the company

I trust the foregoing is sufficient for reinstatement of our company.

Very truly yours,



Martine E. Yaldor

Enclosures