

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 DEC 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100544**

1. Corporation Name

TECHNO-PRINT INC.

Principal Place of Business

Mailing Address

~~916 N.W. 132ND COURT~~
~~MIAMI FL 33182~~

310 N.W. 132ND COURT
MIAMI FL 33182



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3616 WEST FLAGLER ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2002

5. FEI Number

16-1629701

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
P	MEDINA, HENRY	310 N.W. 132ND COURT	MIAMI FL 33182

500025504295
12/15/03--01036--016 **150.00

8. Name and Address of Current Registered Agent

DIEGO E. CORDOVA, C.P.A.
8905 S.W. 87TH AVENUE
SUITE 200
MIAMI FL 33176

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

REGISTERED AGENT MUST SIGN

Date

11/17/03

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

Date

Daytime Phone #

CR2E040 (7/03)

Include a check for \$150. payable
to Dept of State.
Sign, date and mail to the
State in the enclosed
envelope.

November 17, 2003

Florida Department of State
Uniform Business Report Filings
PO Box 1500
Tallahassee Fl 32302-1500

RE: TECHNO-PRINT INC
DOC NUM: P02000100544 **FORM: 2003 UBR**
FEI: 16-1629701

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 representing the renewal fee for the 2003 Uniform Business Report for the taxpayer captioned above and the application for reinstatement. We are respectfully requesting abatement of the penalty. We did not receive the original report. We are taking proactive measures to ensure that this situation does not occur again by.

Please review your records and abate the penalty as we have made every effort to file and pay the renewal fee on a timely basis. In addition, please send us a letter stating that the matter has been resolved.

Thanking you in advance for your assistance and cooperation in this matter.

Sincerely,

Diego E. Cordova, CPA

Henry Medina
President

DEC/ar