PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JAN 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C RPORATION
RE NSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

O UMENT # P02000123297
Co ration Name
Technology Integration Solutions, Inc

200117604262
02/08/08--01020--007 **450.00

CR2E081 (1/07)

Pri al Office Address - No P.O. Box #
900 W 49th St
Suite, Apt. #, etc.
550
City & State
Hialeah, FL
Country
Zip
33012

3. Mailing Office Address
900 W 49th St
Suite, Apt. #, etc.
550
City & State
Hialeah FL
Country
Zip
33012

4. Date Incorporated or Qualified To Do Business in Florida 11/19/2002

5. FEI Number
30-013-0613
☐ 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
Patrick O. Batson
ddress (P.O. Box Number is Not Acceptable)
827 NW 49th Terrace
#1906
Plantation
State FL
Zip Code 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

I, ng 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.

gnat of
gist d Agent Diana Soto
REGISTERED AGENT MUST SIGN
Date

N es and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Tit	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	Diana Soto	19464 NW 67 Ave	Miami Lakes, FL 33015
	REINSTATEMENT 01-08 RH		

D. I rtify 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 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 ed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIC IATURE: Diana Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #