

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P03000086552**

**1. Corporation Name**

**TECNOMAX CORP.**

**2. Principal Office Address - No P.O. Box #**

**9876 NW 51 TERRACE**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33178**

Country

**USA**

**3. Mailing Office Address**

**9876 NW 51 TERRACE**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33178**

Country

**USA**

**7. Name and Address of Current Registered Agent**

Name

**MAXIMO FERNANDEZ-FLORES**

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

**9876 NW 51 TERRACE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33178**

**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

REGISTERED AGENT MUST SIGN

Date **04-23-08**

**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
PD	MAXIMO FERNANDEZ-FLORES	9876 NW 51 TERRACE	MIAMI FL 33178

600125509056  
04/24/08--01007--011 \*\*450.00

**REINSTATEMENT**

05-08

**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 contained in Chapter 119, 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

**04-23-08**

Date

Daytime Phone #

**FILED**

**2008 APR 24 AM 11:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/07)