PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -8 AM 7:23
[illegible] FLORIDA

DOCUMENT # P03 000103938

1. Corporation Name: Techno Holding inc.

800075268848
05/25/06--01018--016 **458.75

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
PO Box 243804	PO Box 243804
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, Fl.	City & State: Boynton Beach, Fl.
Zip: 33424 Country: USA	Zip: 33424 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-28-05

5. FEI Number: 20-0242751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Grey Panis

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

Suite, Apt. #, Etc.:

City: Palm Bch. Gardens | State: FL | Zip Code: 33456

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: [signature] Date: 5-5-06

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
Pres.	Grey Panis	P.O. Box 243804	Boynton Beach, Fl. 33424

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] 5-5-06 305-790-3775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAY 16 2006

To Whom it may concern,

Hello! I am writing You to let You know that I did not receive my Annual report notice for '04. I am asking that You please waive this re-instatement fee.

I was told to send $61.50 And $8.75 for certificate status to be sent. Please send to mailing address; P.O. Box 243804 Boynton Beach, FL. 33424

Thank You,

5-5-06

Greg Panis, Techno Holding inc.

To; Dept. of State
CLIFTON Bldg.
2661 Executive Center Circle
Tallahassee, FL.
32301