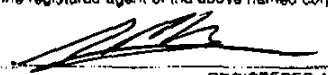


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAY -8 AM 7:23 TALLAHASSEE, FLORIDA 800075268848 05/25/06--01018--016 **458.75	
DOCUMENT # PO3 000103938					
1. Corporation Name Techro Holding inc.					
2. Principal Office Address PO Box 243804 Suite, Apt. #, etc.		3. Mailing Office Address PO Box 243804 Suite, Apt. #, etc.		REINSTATEMENT 04-06	
City & State BOYNTON Beach, FL.		City & State BOYNTON Beach, FL.		4. Date Incorporated or Qualified To Do Business in Florida 9-25-05	
Zip 33424	Country USA	Zip 33424	Country USA	5. FEI Number 20-0242751	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒				\$4.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Grey Paris					
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 				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 Paris	PO. 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: 				Date 5-5-06 Daytime Phone # 305-790-3775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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 \$1450
and \$8.75 for certificate status to be sent.

Please send to mailing address; P.O. Box 248804
Boynton Beach, FL.

33424

Thank You,

 5-5-06

Greg Paris, Techno Holding inc.

TO: Dept. of State

CLIFTON Bldg.

2661 Executive Center Circle

Tallahassee, FL.

32301