## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			E		FILED 2008 FEB 18 AM 10: 16	
DOCUMENT # P05000058824  1. Corporation Name								SECRETARY OF STATE TALLAHASSEE.FLORIDA	
TECH-C	OMPUTER	SYST	EM, INC	;				STATEMENT D6-08	
2. Principal Office	e Address - No P.O. Bo	3. Mailing Office Address			7	DC IAI	CTATERAENT DO CO		
6255 WEST 15TH COURT			6255 WEST 15TH COURT				KEIN	CR2E081 (12/07)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			L	<ol><li>Date Incorp</li></ol>	orated or Qualified	
City & State			City & State			_		04/20/2000	
HIALEAH FL			HIALEAH FL				5. FEI Numbe	Applied For Not Applicable	
Zip	Country		Zip		untry	<u> </u>	6.	\$8.75 Additional Fee required	
33012	USA		33012	US	SA		CERTIFICATE	of Status Desired for a Certificate of Status	
NI	7. Name and	d Address of	Current Regist	ered Agent		_			
Name MARIA B. CABRERA						ı		instatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
6255 WEST 15TH COURT Suite, Apt. #, Etc.									
Colle, Apr. # <sub>1</sub> Dio.								ed and requesting the reinstatement waived.	
City HIALEAH State Z 3301									
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 02-13-2008		
Registered Agent Date Date Date Date Date Date Date Dat									
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 Eacl Officer and/or Directo				City / State / Zip	
PD MA	MARIA B. CABRERA			6255 WEST 15TH COURT				HIALEAH FL 33012	
					<del> </del>		30 02/20/	D118446583 0801031003 **450.00	
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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.									
man.							02-13-2008		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date Daytime Phone #		