

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000153673

1. Corporation Name

Tecnomatic Corp.

REINSTATEMENT 07-08

300138075053
11/19/08--01018--009 **300.00

CR2E081 (10/08)

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

11010 NW 30th St.

3. Mailing Office Address

CCS 7102

Suite, Apt. #, etc.

CCS 7102-Suite 104

Suite, Apt. #, etc.

PO Box 025323

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2005

5. FEI Number

203811493

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

Name

RD Global Consulting, Inc.

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 830

City

Miami

State

FL

Zip Code

33131

☒ 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.

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

Reynaldo Diaz

REGISTERED AGENT MUST SIGN

Date Oct. 29, 2008

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
P/T	Uri Drori	11010 NW 30th Street CCS 7102 Suite 104	Miami FL 33172
V/S	Ianir Drori	11010 NW 30th Street CCS 7102 Suite 104	Miami FL 33172
P	Jennifer Willner	11010 NW 30th Street CCS 7102 Suite 104	Miami FL 33172

2011/20

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

10/28/08

Date

305-675-1604

Daytime Phone #