

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 PM 3:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003907

1. Corporation Name

TECHNICON CO., INC.

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

3816 W LINEBAUGH AVENUE

3. Mailing Office Address

3816 W LINEBAUGH AVENUE

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618-8900

Country

USA

Zip

33618-8900

Country

USA

REINSTATEMENT 93-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3150220

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
BILL W SEBREE

Street Address (P.O. Box Number is Not Acceptable)
3816 W LINEBAUGH AVENUE

Suite, Apt. #, Etc.

114

City
TAMPA

State
FL

Zip Code
33618-8900

☐ 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

Bill W Sebree
REGISTERED AGENT MUST SIGN

Date **03/16/07**

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
D	CARLOS R BRACHO	3816 W LINEBAUGH AVENUE	TAMPA FL 33618-8900

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:

Carlos R Bracho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

03/16/07

Date

813-264-6719

Daytime Phone #