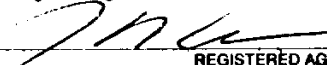
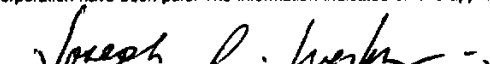


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP -2 PM 2:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800002982978--7 -09/09/99--01081--005 ***1358.75 ***1358.75	
DOCUMENT # 1. Corporation Name P93000011599 Technicity, Inc.					
Principal Place of Business		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 10100 Aqua Vista Way Suite, Apt. #, etc.		3. New Mailing Address, If Applicable P.O. Box 971531 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2/93	
City & State Boca Raton, FL		City & State Boca Raton, FL		5. FEI Number 59-3170010	
Zip 33428		Zip 33497		6. CERTIFICATE OF STATUS DESIRED ☒	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P	Joseph R. Ingber	10100 Aqua Vista Way	Boca Raton, FL 33428		
T	Gary M. Cohen	327 Plaza Real Suite 215	Boca Raton, FL 33432		
S	Joseph R. Ingber	10100 Aqua Vista Way	Boca Raton, FL 33428		
REINSTATEMENT 95-99 TS.					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Gary M. Cohen, Esq. 21214 Sweetwater Lane, N. Boca Raton, FL 33428			Name Gary M. Cohen, Esq. Street Address (P.O. Box Number is Not Acceptable) 327 Plaza Real Suite, Apt. #, Etc. Suite 215 City Boca Raton State FL Zip Code 33432		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 			Date 8/16/99		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  - Joseph R. Ingber 8/16/99 561-477-8653 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CPRE040 (12/95)