PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP -2 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000011598

1. Corporation Name
Technicity, Inc.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
10100 Aqua Vista Way
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33428 Country:

3. New Mailing Address, If Applicable
P.O. Box 971531
Suite, Apt. #, etc.
City & State: Boca Raton, FL
Zip: 33497 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/93

5. FEI Number: 59-3170010 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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: 1 TS.

8. Name and Address of Current Registered Agent

Gary M. Cohen, Esq.
21214 Sweetwater Lane, N.
Boca Raton, FL 33428

9. Name and Address of New Registered Agent

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

CR2E040 (12/95)

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: [signature] REGISTERED AGENT MUST SIGN Date: 8/16/99

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 - Joseph R. Ingber 8/16/99 561-477-8653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #