

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020050

1. Corporation Name

TECHNOLOGY PARTNERS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

381 13TH AVE SO
NAPLES FL 34102
US

381 13TH AVE. SO
NAPLES FL 34102
US

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

2. New Principal Office Address, If Applicable

~~2685 Horseshoe Dr. S.~~

Suite, Apt. #, etc.
#211

City & State

NAPLES FL

Zip

34104

Country
USA

3. New Mailing Office Address, If Applicable

~~2685 Horseshoe Dr. S.~~

Suite, Apt. #, etc.
Suite 211

City & State

NAPLES FL

Zip

34104

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1993

5. FEI Number

65-0403183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
DPST	COLLINS, DONALD	381 13TH AVE SO	NAPLES FL
VP	Collins, Donald	381 13th Av SO	NAPLES, FL.
DPS	DeLeon, Phil	250 Ferrand Dr, Suite 1007	Toronto, Ont. M3C 3G8
VP	COLLINS DONALD	2685 Horseshoe Dr. S, #211	NAPLES FL 34104
			100003493151-8
			12/11/00 01031 1000
			***750.00 ***15000

8. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 380
NAPLES FL 33940-3060

9. Name and Address of New Registered Agent

Name Don Collins
Street Address (P.O. Box Number is Not Acceptable)
~~381 13th Av SO~~ 2685 Horseshoe Dr. S.
Suite, Apt. #, Etc.
211
City NAPLES State FL Zip Code 34104

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 10-30-2000

11. 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 under section 119.07(3)(i), 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] DONALD F. COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2000 9414350750
Date Daytime Phone #

CR2E040 (8/00)