

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

993000039510

1. Corporation Name

TECHNO GLOBAL CORP.

2. Principal Office Address

1330 N.W. 87 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1330 NW 87 AVE.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1993

5. FEI Number

65-0418343

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

CINDY JACOBSON

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

9 MADRID LANE

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33324

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

Cindy Jacobson

REGISTERED AGENT MUST SIGN

Date 3-29-01

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
PD	CINDY JACOBSON	9 MADRID LANE	DAVIE, FL. 33324

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***1358.75 ***1358.75

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 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:

Cindy Jacobson CINDY JACOBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

954-575-2082

Daytime Phone #