

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
99 AR

FILED

99 OCT 15 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006795

1. Corporation Name

TECH MASTER OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

339 E UNION ST
JACKSONVILLE FL 32202

339 E UNION ST
JACKSONVILLE FL 32202



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3220100

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	REDWINE, STEVEN M	339 E UNION ST	JACKSONVILLE FL 32202

000003022750--8
-10/22/99--01092--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REDWINE, STEVEN M
339 E UNION ST
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

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:

Steven M. Redwine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99
Date

904-356-8442
Daytime Phone #

KE

2

10-13-99

Tech Master
339 E. Union St.
JAX, FL. 32202
904-356-8442
FAX 791-9664

To Whom it May Concern,

We received a notice of revocation today. I looked through my records and WAS UNABLE to find any record of the first notice. I'm assuming my prior office manager never sent in the original copy. Upon letting her go I found out many problems like this and with bank deposits.

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I am enclosing \$150.00 which
should have been the
original amount. If there
are any questions please
call and let me know.

Thank You,

Steve - Real -