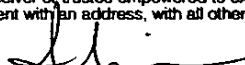


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000006795 1. Entity Name TECH MASTER OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 339 E UNION ST JACKSONVILLE, FL 32202				Mailing Address 339 E UNION ST JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. 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) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.				DATE: 6-22-06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDWINE, STEVEN M 339 E UNION ST JACKSONVILLE, FL 32202 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6-22-06 Daytime Phone #: 9043568442		

FILED

06 JUN 30 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/05 01007 609 \$150.00



04202006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number
59-3220100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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)
City
FL Zip Code

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Signature, typed or printed name of registered agent and title if applicable.

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DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
D **REDWINE, STEVEN M**
**339 E UNION ST
JACKSONVILLE, FL 32202**
☐ Delete

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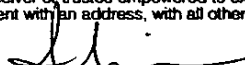
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6-22-06** Daytime Phone #: **9043568442**

To Sean Toner!

This letter is concerning my annual application for my Corporation. I spoke to a member of your staff who informed me that my check for \$150.00 was sent in with no application. I am very sorry for this. This matter is of great concern to me. As of January this year, my son got burned badly. My wife and I have been to and from Shands burn unit in Gainesville, FLA. I have not been able to be here at work as much as I would like. I am very sorry this has slipped by my attention, my son has just come home and doing much better. Please accept my application and my check for \$150.00 and reinstate my Corporation. I am very sorry and this will not happen again.

Sincerely

Steven M. Redwine
owner, pres.

Tech master of NE, FL.

FEI #89-3220100

