# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000006795

1. Entity Name
TECH MASTER OF NORTHEAST FLORIDA, INC.

FILED
06 JUN 30 AM 10: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/05 01007 009 **150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 339 E UNION ST<br>JACKSONVILLE, FL 32202 | 339 E UNION ST<br>JACKSONVILLE, FL 32202 |

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

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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<br>339 E UNION ST<br>JACKSONVILLE, FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 6-22-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REDWINE, STEVEN M<br>339 E UNION ST<br>JACKSONVILLE, FL 32202 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JP 6/30 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>400077138904<br>07/07/06--01024--002 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** _____ 6-22-06 9043568442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To Sean Toner!

This letter is Concerning my annual aplication 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 an 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 #59-3220100