


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000065488 1. Entity Name TECH CONSULTING, INC.						FILED 05 OCT 17 AM 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 980 SUNSHINE LN SUITE U ALTAMONTE SPRINGS, FL 32714				Mailing Address 980 SUNSHINE LN SUITE U ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CASTIGLIONE, CHARLES 1407 MINK DRIVE APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-3259430			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CASTIGLIONE, CHARLES 1407 MINK DRIVE APOPKA, FL 32703				Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D CASTIGLIONE, CHARLES 1407 MINK DRIVE APOPKA, FL 32703				10/17/05--01067--009 L/150.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles J. Castiglione <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/13/05 407 865-9882 <small>Date Daytime Phone #</small>			

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Tech Consulting, Inc.

October 11, 2005

State of Florida
Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # P94000065488

To Whom It May Concern:

I have enclosed a completed Uniform Business Report (UBR) for my company, Tech Consulting, Inc. and a money order for \$150.00

This is the first year my business did not receive a notice that the Uniform Business Report was due.

I am asking that you please accept my form and money order for \$150.00 and forgive the penalty for reinstatement.

I thank you for any consideration you may give me.

Sincerely,

Charles Castiglione
President

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