

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 24 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050236**

**1. Corporation Name**

**Tech-Touch, Inc.**

**2. Principal Office Address**

**14476 Nottingham Way Circle**  
Suite, Apt. #, etc.

**City & State**

**Orlando, FL**

**Zip**

**32828**

**Country**

**USA**

**3. Mailing Office Address**

**14476 Nottingham Way Circle**  
Suite, Apt. #, etc.

**City & State**

**Orlando, FL**

**Zip**

**32828**

**Country**

**USA**

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**6-26-95**

**5. FEI Number**

**59-3326298**

**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**

**KENT A. CASE**

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

**14476 Nottingham Way Circle**

**Suite, Apt. #, Etc.**

**City**

**Orlando**

**State**

**FL**

**Zip Code**

**32828**

**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**

**Kent A. Case**  
REGISTERED AGENT MUST SIGN

**Date 2-16-04**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>KENT A. CASE</b>	<b>14476 NOTTINGHAM WAY Circle</b>	<b>Orlando, FL 32828</b>
<b>S-T</b>	<b>Evelyn S. Case</b>	<b>14476 NOTTINGHAM WAY Circle</b>	<b>Orlando, FL 32828</b>

**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:**

**Kent A. Case KENT A. CASE 2-16-04 407-855-9515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)


Florida Department of State  
Division of Corporations

Re: Corporation Reinstatement

As per information I received during a phone call to your office, I request that the late fees be waived due to the fact that I did not receive the 2003 notification for renewal.

Enclosed is a check in the amount of \$300.00 and the Corporation Reinstatement form.

Thank you,

A handwritten signature in black ink, appearing to read "Kent A. Case", written over a horizontal line.

Kent A. Case, President  
Tech-Touch, Inc.  
14476 Nottingham Way Circle  
Orlando, Florida 32828  
407-855-9515