

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000063432 96+97
1. Corporation Name Techno International, Inc

FILED

97 MAY -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3535 Bon Aire Blvd. # 612
Kissimmee, FL 34741

REINSTATEMENT 96+97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>8-16-95</u> <u>mwb</u>	
5. FEI Number <u>59-3339309</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P/Tr.</u>	<u>Abdul Sattar</u>	<u>3535 Bon Aire Blvd #612, Kissimmee, FL</u>	<u>34741</u>
<u>Sec</u>	<u>Wahab Jaan</u>	<u>3535 Bon Aire Blvd #612, Kissimmee, FL</u>	<u>34741</u>

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***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <u>Wahab Jaan</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3535 Bon Aire Blvd #612</u>	
Suite, Apt. #, Etc. <u> </u>	
City <u>Kissimmee</u>	State <u>FL</u> Zip Code <u>34741</u>

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 [Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: WAHAB JAAN ABDUL [Signature] 407-423-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-17-97 Daytime Phone #