PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1296000001072

1. Corporation Name

TECHNOLOGILAL REAL ESTATE. INC.

KENNETH E SPONNELE

Principal Place of Business

Mailing Address

FILED

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SEGRETARY OF STATE TABLEMASSEE, PLORIDA

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 3.3 New Mailing Office Address in Plants 1.2 New Part 1.
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Name of Officers and/or Directors Officer and/or Director Officer and/or
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Name of Officers and/or Directors 2 KEHNETH E SegNAFIE 17719 ANTHANS PRIVE PRIVE THE SPONAFIE 17719 ANTHANS PRIVE PRIVE THE SPONAFIE 17719 ANTHANS PRIVE 17719 ANTHANS PRIVE -02/01/00-01038-007 ****1050.00 ****1050.00
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VP MARLOW MILLER 3730 AGATE GOLDY SANINEC, FC 33957
VE MARLOW MILLER 3/30 AGOTE LOVEY JAN/DEC PL 33957
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent
Name KEMNETH SPONDELE
Street Address (P.O. Box Number is Not Acceptable)
17718 NATHANG DRIVE
Suite, Apt. #, Etc.
City State Zip Code
FL 33 69フ
10. I, being appointed the registered agent of the above trained corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Tennell ("Apin afe")
REGISTERED AGENT MUST SIGN
11. This corporation owes the current year(See other side for information
Intangible Personal Property Tax due June 30. Yes No No (See other side for information on intangible tax.)
The same of the sa
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.