

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023069

1. Corporation Name

TECHNOCOMM OF SOUTH FLORIDA INC

2. Principal Office Address

1425 SW 107TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip
33174

Country

DADE

3. Mailing Office Address

1425 S.W 107th ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33174

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FFL Number

65-0653611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600075269286
05/25/06--01018--025 **600.00

CR2E081 (12/05)

FILED

06 MAY 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

RAUL MESTRIL

Street Address (P.O. Box Number or No. Acceptance)

1425 SW 107TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

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

Raul Mestril

Date

5/1/06

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | RAUL MESTRIL | 1425 SW 107TH AVE | MIAMI FL 33174 |
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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 contained in Chapter 119, 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:

Raul Mestril

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/06

Daytime Phone #