

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000038376

1. Corporation Name
 TECHNOLOGICAL INVESTMENTS & SUPPLIES, INC

Principal Place of Business Mailing Address
 7930 NW 36TH ST 1260 SW 142 CT
 SUITE 23114 MIAMI, FL 33184
 MIAMI, FL 33166-4466

REINSTATEMENT 00-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
 7930 NW 36TH ST
 Suite, Apt. #, etc. 23114
 City & State MIAMI, FL
 Zip 33166 Uddo Country MIAMI-DADE

3. New Mailing Office Address, If Applicable
 1260 SW 142 CT
 Suite, Apt. #, etc.
 City & State MIAMI, FL
 Zip 33184 Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida 04-29-96
 5. FEI Number: 65-0662433 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	STEFANO S. FINCO	AV. LAS AMERICAS PH2 EDIFICIO SAN ANTONIO	PUERTO ORDAZ EDU BOLIVAR, VENEZUELA
VP	JOSEBA ANTONI QUINTANA	EDIFICIO MIMU, APT 3A	ALTA VISTA, PTO. ORDAZ EDU. BOLIVAR, VENEZUELA

000002785670-7
 -02/24/93-01070-003
 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
 Name OSCAR R. AGUILAR
 Street Address (P.O. Box Number is Not Acceptable) 1260 SW 142 COURT
 Suite, Apt. #, Etr.
 City MIAMI State FL Zip Code 33184

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 2-18-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side of 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: *[Signature]* JOSEBA ANTONI QUINTANA 2/18/99 (2057)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 203 4747

CR2E081 (12/98)