PI FASE READ	ALL INSTRUCTIONS	BEFORE CO	MPLETING THIS FORM.
APPLICATION GODDI REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE tham State	FILED VISION OF CORPORATION
1. Corporation Name	0 69970		01 NOV =1 - AM-11: 59
TECH HORIZON	NS, INC.		
Principal Place of Business	Mailing Address		
5768 N.W. 98th Place Miami, Florida 33178	SAME		
If above addresses are incorrect in any way, line th	rough incorrect information and enter		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified
New Principal Office Address, If Applicable	<u> </u>	able	To Do Business in Florida August 22, 1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		65-0692951 Not Applicable
Zip Country	Zip Count		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and			3 directors)
Title(s) Name of Officers and/or Directors	i o	reet Address of Each fficer and/or Director Ise Post Office Box Nun	mbers) 4
PRES Alvaro Alves-Mi	1ho 5769 N	w ooth ni	Miami Dla 22470
FRES AIVAIO AIVES-MI	1110 3766 N.	W. 98t <u>h Pl</u>	ace Miami, Fla 33178
		-	4000046941445
			-11/27/0101003012
			****765.00 ****765.00
			A. A.
		47	01/1/1
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent
		Name Saul	B. Lipson
Street Address (I 1515 Suite, Apt. #, Etc.			D. Box Number is Not Acceptable)
			-
		Suite City	State Zip Code
			Springs FL 33071
10. I, being appointed the registered agent of the ab	ove named corporation, am familiar v	with and accept the oblig	
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date Oct 29,2001
11. Does this corporation pay Dept. of Revenue under S	any intangible tax to t . 199.032, Florida Sta	ne tutes. Yes	X No (See other side for information on intangible tax.)
12. I do hereby certify that the information supplied lease the Division of Corporations from any liable certify that I am an officer or director or the recthis reinstatement application the reason for disfees owed by the corporation have been paid. under oath.	with this filing is voluntarily furnished lity of non-compliance with Section 1 eiver or trustee empowered to execu- solution has been eliminated, the co The information indicated on this app	and does not qualify for 19.07(3)(k) in the event te this application as proporate name satisfies plication is true and acc	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I rethat the information supplied is deemed exempt from public access. I vovided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., and that all curate, and my signature shall have the same legal effect as if made

THE LIPSON PROFESSIONAL GROUP, INC. D/B/A SAUL B. LIPSON & CO.

Saul B. Lipson, M.Acc., EA, CFP

•TAX PLANNING AND PREPARATION

•COMPLETE ACCOUNTING SERVICES

•INVESTMENT AND RETIREMENT PLANNING

1515 UNIVERSITY DRIVE-SUITE 222 CORAL SPRINGS, FLORIDA 33071 TELEPHONE: 954.755.4405 FAX: 954.344.3694

EMAIL: Saul@LipsonGroup.com

Oct 1, 2001

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Tech Horizons, Inc. Federal ID#65-0692951 Profit Corporation Annual Report Period 1997-2001

To Whom It May Concern,

The above corporation was incorporated on August 22, 1996. Within a very short time after incorporating there was a change of address. The client notified the Department of State with the change of address in 1997.

However the client has never received any forms or correspondence from the state. He was unaware that there was an annual fee and that the corporation was dissolved in 1997. He has always filed all other state forms in a timely manner.

Please find a check in the amount of \$765.00 for reinstatement of the above corporation.

1997 - 165.00 1998 - 150.00 1999 - 150.00 2000 - 150.00

2001 - 150.00

Thank you for your prompt attention to this matter.

Saul B. Lipson /