PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

~~APPLICATION FOR REINSTATEMENT~~

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

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FILED
00 OCT 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000103175

1. Corporation Name

TECHNOLOGY 2000 INC.

Principal Place of Business	Mailing Address
9600 NW 7TH CIR 14-18 PLANTATION FL 33324 US	9600 NW 7TH CIR 14-18 PLANTATION FL 33324 US

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: 11/22/1996

5. FEI Number: 65-0711526 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SABET, MASSOUD N	9600 NW 7TH CIR 1418	PLANTATION FL 33324

200003448032--5
-11/02/00--01007--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BUSH, JAMES N 3042 N. FEDERAL HIGHWAY FT LAUDERDALE FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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 REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: SIGNATURE REQUIRED 10/16/00 954-474-8592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MASSOUD SABET

9600 NW 7th Circle
Plantation, Florida 33324
Phone: 954-474-8592
Fax: 954-474-1383

2062

Technology 2000, Inc.

October 16, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314-6327

Dear Sir/Madam:

This is to acknowledge that We received a 'Notice of Administrative Dissolution or Revocation' from Florida Department of State on October 13, 2000, however We never received Original Notice?. We consulted with our accountant and learned the original notice should have reached our office by the first quarter of the year and a fee for the amount of $150.00 should have been due. We are enclosed sending a check for the amount of $150.00.

Sincerely,

Massoud Sabet

Massoud Sabet

tech2000@pompano.net