2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000034380 1. Entity Name TECH - DIAGNOSTIC CORP.											ECRETA SION DI 4 NOV		F S IA PORA	
Principal Place of Business 5040 SW 133 AVE. MIRAMAR, FL 33027 US			50	Mailing Address 5040 SW 133 AVE. MIRAMAR, FL 33027 US					# ### ################################					((PR) () (MP)
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.						10262004	REIN-P	C	CR2E098	3 (6/04)	
City & State			С	ity & State				4. FEI Numb 65-074					oplied For ot Applicable	
Zip	Country		Zi	Zip -		Coun	Country		5. Certificate	of Status Desi	red [.75 Add	
6. Name and Address of Current				ered Agen		Name	7. Name and Address Name			of New Registered Agent				
CORIN, MORTON								rone (P	2 O. Boy Numb	er is Not Accer	نیک شریدند. معامله	- 25		
7100 W. 20 AVE., STE. 512 HIALEAH, FL 33016							Sireet Addi		O. BOX NORID	er is Not Acce,	Jiabie)			
							City				.	FL	Zip Cod	e
		submits this statement i	for the pu	irpose of c	hanging its	registere	ed office or re	gistere	ed agent, or bo	oth, in the State	of Florida.	I am fam	iliar with,	and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) OATE														
		E IS \$750.00 5, Fee will be \$900	.00	····			•	•						
10.		OFFICERS AN	D DIRECT			11.				/CHANGES TO	OFFICER:			
NAME STREET ADDRESS	PSTD CORIN, MO 7100 W. 20 HIALEAH, F	AVE., STE. 512		☐ Delete			NAME PO		Dross	625981C	330	_] Change	Addition
TITLE		<u>·</u>			Delete	TITLE	l l					Ĺ] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP							E ET ADDRESS -ST-ZIP							
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TITLE NAME					Delete	TITLE NAM] Change	Addition
STREET ADDRESS CITY-ST-ZIP						1	ET ADDRESS -ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.														
SIGNATI	URE:	SIGNATURE AND TYPED OF	R PRINTED I	NAME OF SIGN	NING OFFICER	OR DIRECT	O E. / 6	ere	2010	10/26	120		3 OS 8	31699 88

11/800

Miami, 26 of October, 2004

ATTN: FLORIDA DEPT OF STATE DIVISION OF CORPORATION

REF: DOCUMENT NO. P97000034380

TO WHOM IT MAY CONCERN

APPARENTLY I THOUGHT THAT WE RENEWED OUR FEE'S FOR THE CORPORATION TECH DIAGNOSTIC CORP... WHEN WE DID THE AMENDMENT . I SENT THE AMENDMENT BY MAIL AND DID THE RENEWAL BY THE COMPUTER... I GOT A PHONE CALL BACK FROM SOMEONE WHO SAID IT DIDN'T GO THRU. EVEN THOUGH I DID GIVE THE CREDIT CARD NUMBER... THERE IS SOME TYPE OF MISTAKE AND I ASK FOR YOUR CONSIDERATION ON THIS MATTER,, CONSIDERING THE DEFERENCE IN PRICE. PLEASE CONSIDER IN WAIVING THE PENALTY IN ALL THIS CONFESSION. IT HAS BEEN SO LONG AGO THAT I DON'T EVEN HAVE THE PERSON NAME WHO I TALKED TOO... I AM SENDING IN THE CHECK FOR THE \$150.00 DOLLARS AND HOPE TO HERE FROM YOU VERY SOON IN ALL THIS CONFUSION, CONSIDERING I DID TALK TO SOMEONE AND CONFORMED EVERYTHING WAS TAKEN CARE OF... HOW EVER FROM NOW ON I WILL SEND EVERYTHING BY MAIL...I PLEA WITH YOU FOR YOUR UNDERSTANDING ON THIS MATTER, I HOPE FOR THE CONSIDERATION AND UNDERSTANDING ON THIS SITUATION AND HOPE FOR U TO WAIVE THE PENALTY FEE'S.....

THANK-YOU IN ADVANCE FOR THE CONSIDERATION IN THIS MATTER____

GENCERLLY YOURS

PEDRO E PEREDA