, ,		SEMEAD A	ULINGT	DUCTIONS	S REEORE O	എത്ത് ജ്	ING THIS FORM.	latta	
RE	S TO MEN	10	FLORIDA S		ENT OF STATE ortham State ORATIONS QF	FILET	bH S: 33	1012	
DOCUMENT # P97000034746 1. Corporation Name						SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA			
TECH 2000 CORPORATION									
Principal Pl	ace of Business		Mailing Address						
2050 W. 56TH ST., SUITE 32-222 HIALEAH FL 33016			2050 W. 56TH ST., SUITE 32-222 HIALEAH FL 33016						
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			- 04/17/1997 5. FEI Number Applied For			
City & State			City & State	 		65-07	50707	Not Applicable	
Zip Country			Zip Country			S. SERTIFICATE 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) Name of Officers Street Address of Each									
Title(s)	Fitle(s) and/or Directors			Officer and/or Direct 3 (Do NOT Use Post Office Box			r City / State / Zip		
PD	PD BOVEDA, JOSE E JR.			2050 W. 56TH ST., SUITE 32-222			HIALEAH FL 33016		
							400027095047 -12/10/9801094026 ****150.00 ****150.00		
						4	00002709 -12/10/980 ******8.75	1094027	
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8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
POVEDA JOSE E						P.O. Box Number is Not Acceptable)			
2050 W. 56TH ST., SUITE 32-222					Suite, Apt. #, Etc.	Etc.			
City						State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agent REGURED Date 11-21-98 REGISTERED AGENT MUST SIGN								-98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
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: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									

November 21, 1998

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

To Whom It May Concern:

On November 12, 1998 I spoke with your office for the third time regarding the 1998 Profit Corporation Annual Report which I had never received for TECH 2000 CORPORATION. The gentleman that I spoke to instructed me to request the form to reinstate the corporation because it had been dissolved, and at the time I send the reinstatement form to attached a letter explaining what had occurred, along with a \$150.00.

As per his instructions, attached please find the form, the check and my letter. At this time I will like to request that TECH 2000 CORPORATION be reinstated.

If you have any questions, please contact me at the address and/or telephone number below:

Thanking you in advance for all your assistance with this matter.

Joé É. Boveda

Presiden

Enclosures