2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# P97000055814

Entity Name: TECHNOSHIP, INC.

Current Principal Place of Business:

6135 NW 167 STREET
UNIT E1
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6135 NW 167 STREET
UNIT E1
HIALEAH, FL 33015 US

New Mailing Address:

FEI Number: 65-0763725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

CESPED, MARIA C ACCTING
6135 NW 167 ST
UNIT E1
HIALEAH, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA CESPEDES 10/06/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BERSANI, ALBERTO
Address: VIO SAN PIETRO INCARNAIO 3
City-St-Zip: VERONA ITALY, OC

Title: D ( ) Delete
Name: SESTINI, MASSIMO
Address: VIA BROSETA 79
City-St-Zip: BERGAMO ITALY, OC

Title: P ( ) Delete
Name: SPARFEL, THIERRY
Address: 6135 NW 167 ST UNIT E1
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THIERRY SPARFEL PRES 10/06/2009
Electronic Signature of Signing Officer or Director Date