PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 NOV 17 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000026270**

1. Corporation Name

TECH VISION, INC.

Principal Place of Business	Mailing Address
9058 S.W. GRAND CANAL DRIVE MIAMI FL 33174	9058 S.W. GRAND CANAL DRIVE MIAMI FL 33174

REINSTATEMENT 99

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.: 7430 S.W. 124 street	Suite, Apt. #, etc.: 7430 S.W. 124 street
City & State: Miami, FLORIDA	City & State: Miami, FLORIDA
Zip: 33156 Country: U.S.A.	Zip: 33156 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 03/20/1998 SP

5. FEI Number: 65-0824271 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A fee will be required for this certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OTALVORA, OLGA L	~~9058 S.W. GRAND CANAL DRIVE~~	~~MIAMI FL 33174~~
		7430 S.W. 124 street	Miami, FLORIDA 33156
			000003061140--4. -12/06/99--01021--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

OTALVORA, OLGA L
~~9058 S.W. GRAND CANAL DRIVE~~
~~MIAMI FL 33174~~

9. Name and Address of New Registered Agent

Name: OLGA L. OTALVORA
Street Address (P.O. Box Number is Not Acceptable): 7430 S.W. 124 street
Suite, Apt. #, Etc.: Miami
City: Miami State: FL Zip Code: 33156

CR2E040 (8/99)

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: REQUIRED — Date: 11/15/99
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.

SIGNATURE: REQUIRED — 11/15/99 (786)242-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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