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FILED

07 DEC 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000034826

1. Corporation Name

Technosun, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1280 BISON AVE	Po Box 308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE B915	
City & State	City & State
NEW PORT BEACH, CA	Marco Island, FL 34146
Zip / Country	Zip / Country
92660	

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida: 4/16/1998

5. FEI Number: 65-0840469 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corpration System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Corine Bruy CORINE BRUY SPECIAL AUTHORIZED AGENT Date:

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mostafa Mozayeny	Po Box 308	Marco Island, FL 34146
PD	Koorosh Mozayeny	Po Box 308	Marco Island, FL 34146

10. 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 contained in Chapter 119, 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: PRESIDENT Koorosh Mozayeny 12/17/07 949-678-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

PRE-SUBMIT
Please retain original filing
date of submission 12/17/07

CORPORATION REINSTATEMENT

TECHNOSUN, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,508.75

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