

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000048448**

1. Corporation Name

**TECNOSUR CORP.**

Principal Place of Business

7226NW 31 ST  
MIAMI FL 33122

Mailing Address

2501 NORTHWEST 32ND STREET  
BOCA RATON FL 33434

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Tecno Sur Corp**  
**7226 N.W. 31 Street**  
**Miami, FL**  
**33122 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1998

5. FEI Number

65-0841059

Applied For

Not Applicable

6. CERTIFICATE 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	COM, JUHODY	7226 NW 31 ST	MIAMI FL 33122
VD	VALENZUELA, FERNANDO	7226 NW 31 ST	MIAMI FL 33122
VP	VALENZUELA, LUIS	7226 NW 31 ST	MIAMI FL 33122

900023749829  
10/13/03--01065--005 \*\*150.00

8. Name and Address of Current Registered Agent

VALENZUELA, FERNANDO  
7226 NW 31 ST  
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anibal Comi

10/10/2003 (305) 500-9081

CR2E040 (7/03)



**TecnoSur Corp.**

7226 NW 31st Street

Miami, FL 33122

Tel: (305) 500-9081

Fax: (305) 500-9085

E-mail: tecnosur@msn.com

November 12, 2003

Division of Corporations  
Annual Report/Uniform Business Report  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May, Concerns:

I would like to abate the reinstatement fee, because I did not receive the two prior UBR notices; this happened because your office has not change the mailing address. Please check with the previous documents we have filed were we change our mailing address.

Please excuse us for this time.

Thank you;

Anibal Com  
VP