PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLE	EASE HEAD	ALL INSTE	1001101	NO BEFORE C		NG ITI	3 FUNIVI.	
CORPORATION REINSTATEMENT			FLORIDA DEPARTME		łarris	FILED			
HEIN:	SIAIEWIEN			_	y of State CORPORATIONS	02	2 APR I	1 AMII:49	
DOCU I. Corpora	JMENT #	P9800005				Ţ	SECRETA ALLAHAS	RY OF STATE SEE, FLORIDA	
2. Principal Office Address 3. Mailing Office Address									
				141 NE 3 Avenue					
Suite, Apt. #	, etc.		Suite, Apt. #, et	tc.		4 8		ere . J	
206	A		206 A	206 A			4. Date Incorporated or Qualified To Do Business in Florida June 8, 1998		
City & State	1		City & State	City & State		5. FEI Number		oune of	Applied For
Miami, Florida			Miami,	Miami, Florida				Not Applicable	
Ϊp		intry	Zip		ountry	6.		S8 75 A	Iditional Fee required
3313	32 t	JSAe	33132		USA	CERTIFICATE	OF STATUS D		Certificate of Status
7. Name and Address of Current Registered Agent									
	Name Pe		C	ور ور رسد رسد رسد					
	Street Address (P.O. Box Number is Not Acceptable) 13100 SW 92 Ave. #C404					000005326490-1-9 -04/23/02010450 <mark>2</mark> 9			
A	Suite, Apt. #, Etc. C404								***30). 00
3,7,	City Miami,						State 2	Zip Code 33176	
B. I, being Signature o Registered	i Com	ho Vale	ove named corpora		iar with and accept the ol	bligations of sectio		r617.0503, F.S. Apr 05,20	02
9. Names	and Street Addres	ses of Each Officer a	nd/or Director (Flori	da nonprofit o	orporations must list at le	ast 3 directors)			
Titles	Titles Name of Officers and/or Directors		s		Street Address of Each Officer and/or Director			City / State / Zi	ip

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Edgar Decastro Santana	8665 NW 6 Lane	Miami, FL 33126
Dir	Sergio T. Limongi	641 SW 3 Ave	Hallandale, FL 33009

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 filling 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 accordate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Edgar D. Santana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05,2002

305 577-3466

Date

Daytime Phone #

Techlog, Inc 141 NE 3rd Ave. 206A Miami, Florida 33132 Phone: 305 577-3466

Fax: 305 577-3450

April 05, 2002

Ref. Corporation Reinstatement

To Whom It May Concern:

This letter is to request the reinstatement of the above named corporation.

We do not received the Annual Report 2001 due to the fact that we moved and relocated the office.

Enclosed kindly find the necessary paperwork along with a check in payment for the fees. Please process this as promptly as possible. Your attention to this matter will be greatly appreciated.

If you have any questions or need further information please contact us.

Thank you.

Sincerely,

Edgar Santana President