

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000070392

1. Corporation Name

TECHSPLOSION, INC.

Principal Place of Business

Mailing Address

3804 N.W. 71 DR.
CORAL SPRINGS FL 33065

3804 N.W. 71 DR.
CORAL SPRINGS FL 33065

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1998

SP

5. FEI Number

65-0856053

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GAY MICHAEL	10 FAIRWAY DRIVE STE 127	DEERFIELD BEACH FL 33441
P	Gay, Michael	3804 NW 71 Drive	Coral Springs FL 33065
			300003522283--2
			-01/03/01--01063--005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

GAY, MICHAEL F
10 FAIRWAY DR.
STE 127
DEERFIELD FL 33441

9. Name and Address of New Registered Agent

Name Michael Gay
Street Address (P.O. Box Number is Not Acceptable)
3804 NW 71 Drive
Suite, Apt. #, Etc.
City Coral Springs State FL Zip Code 33065

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

Michael Gay SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/8/2000

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:

Michael Gay SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/2000 Date

954-752-8870 Daytime Phone #