## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 30 AM 10: 04
DOCUMENT # P980000 97391  1. Corporation Name		SEGRETARY OF STATE TALLAHASSEE, FLORIDA
TECKNOWLEDGY, INC.		
2. Principal Office Address  131 SE 9th COURT  Suite, Apt. #, etc	3. Mailing Office Address  SATE  Suite, Apt. #, etc.	CR2E081 (12/05)
		4. Date Incorporated or Qualified To Do Business in Florida  ///9/1998
City & State POMPANO BEACH FL	City & State	5. FEI Number Applied For Not Applicable
33060 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name TEAM L. GLATT		
Street Address (P.O. Box Number is Not Acceptable)  131 SE 9th CONT  06/08/0601008017 **900.00		
Suite, Apt. #, Etc.		
City POMPANO BEACH		State Zip Code FL 33060
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 Date 5/12/06  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	ch City / State / Zin
P TERRIL. GLATI	- 13/ SE 9th Cour	POMPANO BOH. FL 33060.
VP DAVID L. NOVAK	6071 BITHER WA	
4	900	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

## TecKnowledgy, Inc. Your Technical Knowledge Resource

131 Southeast 9<sup>th</sup> Court Pompano Beach, Florida 33060 (954) 783-2290 FAX: (954) 783-2289 e-mail: ClientSvc@TecKnowledgy.com http://www.TecKnowledgy.com

May 12th, 2006

Department of State Division of Corporations P:O:Box 6327 Tallahassee, Florida 32314

RE: Document #: P98000097391

To Whom It May Concern:

Please consider waiving the late fees for reinstating my company. I have not received any notices since 2000. I spoke with Barbara on the telephone on May 12th and she informed me of this option to request your consideration by sending in my Reinstatement Form, \$900, and this letter, since I did not receive notices starting in 2001.

Thank you,

Terry L. Glatt President

Enc. Corporate Reinstatement Form, \$900 Check