

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # P 99000062053

1. Corporation Name

TECHON INC

2000-2003  
JBR

**FILED**

03 AUG 25 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

312 MINORCA AVE  
CORAL GABLES FL  
33134

Mailing Address

312 MINORCA AVE  
CORAL GABLES, FL  
33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-13-99

5. FEI Number

65-0937641

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
P/S/D	CARLOS A BERNAL	5770 SW 46 TERR	MIAMI FL 33155

500022553185  
08/25/03-01000-009 \*\*\$500.00

8. Name and Address of Current Registered Agent

CARLOS A. BERNAL  
5770 SW 46 TERR  
MIAMI FL 33155

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 8/2/03

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/22/03

Daytime Phone #

CR2E(40) (8/99)

2/2

Techon Inc  
312 Minorca Avenue  
Coral Gables, Fl 33134  
1-(866)-657-7912

August 22, 2003

To: Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:

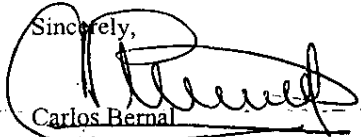
We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that because we moved our office on October 16, 1999 to 1221 Brickell Ave Suite 922 Miami, Florida 33131, the annual report was never received by us, consequently, the payment(s) were not made.

Also, we are attaching our certificate of use dated October 16, 1999 for your review and consideration, and attaching the reinstatement form together with our check totaling \$600.00.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status.

Sincerely,

  
Carlos Bernal  
President