

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
8/19/02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 27 PM 1:30

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P99000107189

1. Corporation Name

Treasure Coast Technologies, Inc.

2. Principal Office Address

2805 EAST OAKLAND PARK BLVD.  
8430 North Sherman Cir.

Suite, Apt. #, etc.

#F 102 # 184

City & State

Ft. Lauderdale Florida  
Miramar, Florida

Zip

33306-1813  
33025

Country

Broward

3. Mailing Office Address

SAME  
8430 North Sherman Cir.

Suite, Apt. #, etc.

#F 102 SAME

City & State

Miramar, Florida

Zip

33025

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephan Garcia

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

8430 North Sherman Circle 2805 EAST OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

#F 102 # 184

City

Miramar Ft. Lauderdale

State

FL

Zip Code

33306-1813  
33025

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

*Stephan Garcia*

REGISTERED AGENT MUST SIGN

Date 3/13/01

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 Officer and/or Director	City / State / Zip
Pres.	Stephan Garcia	2805 EAST OAKLAND PARK BLVD 8430 North Sherman Cir.	Ft. Lauderdale FL 33306-1813 Miramar, FL 33025
Secr.	Stephan Garcia	Same	Same
Trea.	Stephan Garcia	Same	Same
		201.25 - AR	
		10.00 - ARAKTS	SP
		88.75 - ARsupp	

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 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: Stephan Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/01 954/435-7898

Daytime Phone #

CR2E081 (9/00)

8430 North ...  
#F - 102  
Miramar, Fl 33025

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## Treasure Coast Technologies, Inc.

March 14, 2001

Division of Corporations  
P. O. Box 6237  
Tallahassee, Florida 32314

Dear Sir or Madam:

Thank you for allowing a one-time waiver to reinstate my corporation. Due to some unforeseen circumstances at the time of incorporation, I was not able to pursue my business at that time. I believe that I now have everything in order.

I hope that you find all the necessary paper work in order. If there are any problems, please contact me at Treasure Coast Technologies.

Sincerely,



Stephan Garcia  
President  
Treasure Coast Technologies