

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

999-109790
TECHNOLOGY ALTERNATIVES
CORP.

2. Principal Office Address

1950 NE 208 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

USA

3. Mailing Office Address

1950 NE 208 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/2000

5. FEI Number

65-0970691

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

GEORGE LECHTEN

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

1950 NE 208 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33179

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

4/20/04

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 Officer and/or Director	City / State / Zip
PRES	EANDACE LECHTEN	1950 NE 208 TERRACE	MIAMI FL 33179
VP	GEORGE LECHTEN	1950 NE 208 TERRACE	MIAMI FL 33179

100035723734
05/08/04--01072--003 **150.00

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:

GEORGE LECHTEN

Date

4/20/04 3059332026

Daytime Phone #

Technology Alternatives Corp.

1950 NE 208 Terrace
Miami, FL 33179 305 933 2026

4/23/04

Department of State
Division of Corporations
POB 6327
Tallahassee FL 32314

Dear Sirs:

Enclosed please find my check for the amount of \$ 150.

I did not get the letter for 2003 in December.

Respectfully,

A handwritten signature in cursive script, appearing to read "George Lechter", written in dark ink.

George Lechter