

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
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DOCUMENT # S12900

1. Corporation Name

TECH MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

Mailing Address

3700 AIRPORT ROAD
SUITE 405
BOCA RATON FL 33431
US

3700 AIRPORT ROAD
SUITE 405
BOCA RATON FL 33431
US



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

2. New Principal Office Address, If Applicable

22783 S. State Rd 7

Suite, Apt. #, etc.

PMB # 100

City & State
Boca Raton, FL

Zip
33428

Country
USA

3. New Mailing Office Address, If Applicable

22783 S. State Rd 7

Suite, Apt. #, etc.

PMB # 100

City & State
Boca Raton, FL

Zip
33428

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1990

5. FEI Number

65-0239107

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
S	POSNER, DORA	555 PIEDMONT L, KINGS PT	DELRAY BEACH FL 33484
VPD	POSNER, PAMELA R	22761 NEPTUNE RD	BOCA RATON FL 33428
P	POSNER, HAROLD H	555 PIEDMONT L, KINGS PT.	DELRAY BEACH FL 33484
CM	POSNER, DANIEL J	22761 NEPTUNE RD	BOCA RATON FL 33428
			600004765276--7 01/18/02-01069-010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

POSNER, PAMELA R
3700 AIRPORT ROAD SUITE 405
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Posner, Pamela R.

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

22761 Neptune Rd

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Pamela Posner

REGISTERED AGENT MUST SIGN

Date

12/27/2001

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:

Pamela Posner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/2001

Daytime Phone #

(561) 866-8868

CR2E040 (8/01)