

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 DEC 27 PM 12:31

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

3. New Mailing Office Address, If Applicable

~~22783 S. State Rd 7~~

~~22783 S. State Rd 7~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 100

PMB # 100

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33428 USA

33428 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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)