

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27416**

1. Corporation Name

TECHNICAL DOCUMENTATION SERVICES, INC.

Principal Place of Business

8362 PINES BLVD.
SUITE 347
PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD.
SUITE 347
PEMBROKE PINES FL 33024

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

04/06/1992

5. FEI Number

65-0322244

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 |
|---------------|---|--|-------------------------|
| DP | GARCIA, CESAR JR. | 2100 N.W. 95TH AVE. | PEMBROKE PINES FL |
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8. Name and Address of Current Registered Agent

GARCIA, CESAR JR.
2100 N.W. 95TH AVENUE
PEMBROKE PINES FL 33024

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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

Daytime Phone #

10/23/02



**Branagan & Co.
Certified Public
Accountants P.A.**

9900 Stirling Road, Suite
103
Cooper City, Florida 33024
Tel (954) 432-7706
Fax (954) 432-3886

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. BOX 6327
Tallahassee, FL 32314-6327

Re: TECHNICAL DOCUMENTATION SERVICES, INC.
EIN 65-0322244

Dear Sir or Madam:

We are in receipt of your notice of Administrative Dissolution of the above referenced corporation. Please be advised that the above referenced corporation did not receive the original renewal form for 2002. They are using a mailbox service and have been getting their mail late and evidently, sometimes not at all.

We respectfully request that you accept the enclosed application and our check in the amount of \$150 to re-instate our corporation. Taxpayer has spoken to the head of the mailbox service and this problem should not occur again in the future.

Thanking you in advance for your consideration, we remain

Yours truly,

BRANAGAN & COMPANY, P.A.

Joann M. Branagan, CPA

Enclosure