

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F-79297

1. Corporation Name

SALES-TEC CORPORATION

2. Principal Office Address

6995 WEST 17 COURT

Suite, Apt. #, etc.

City & State

HIALEAH--FLORIDA

Zip

33014

Country

USA

3. Mailing Office Address

P.O. BOX 652337

Suite, Apt. #, etc.

City & State

MIAMI--FLORIDA

Zip

33265

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

APRIL 19, 1982

5. FEI Number

59-2223994

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

WILLIAM L. ECHAVARRIA

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

6995 WEST 17 COURT

Suite, Apt. #, Etc.

City

HIALEAH FLORIDA

33014

State
FL

Zip Code

33014

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

Lucas Echavarría
REGISTERED AGENT MUST SIGN

Date FEBRUARY 3, 2004

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
DP	WILLIAM L. ECHAVARRIA	6995 WEST 17 COURT	HIALEAH, FLORIDA 33014

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:

Lucas Echavarría
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 3, 2004 305-456-0965

Date

Daytime Phone #

CR2ED081 (10/02)