

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**K 55522**

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **K55522**

1. Corporation Name

**Hi-Tech International, Inc.**

Principal Place of Business

**7205 NW 68 ST., STE: 3  
Miami, FL 33166**

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

**12-27-1988**

5. FEI Number

**65-0129648**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

FILED  
01 JUN 26 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Carlos Carrasco	7205 NW 68 ST. # 3	Miami, FL 33166
			700004451737--6 -06/29/01--01050--033 ***2222.50 ***2222.50

8. Name and Address of Current Registered Agent


**Carlos Carrasco  
7205 NW 68 ST. #3  
Miami, FL 33166**

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 \_\_\_\_\_

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

**(X)** 

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN


11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: **(X)**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_



CR2E061 (12/96)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 21, 2001

EXPRESS CORPORATE FILING SERVICE INC.  
1000 PONCE DE LEON BLVD, STE 101  
CORAL GABLES, FL 33134

SUBJECT: HI-TECH INTERNATIONAL, INC.  
Ref. Number: K55522

We have received your document for HI-TECH INTERNATIONAL, INC. and check(s) totaling \$2222.50. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 901A00037697

Please file Annual Report (1<sup>st</sup> Trust)  
File name change (second 2<sup>nd</sup>)

RECEIVED  
01 JUN 26 PM 1:10  
DIVISION OF CORPORATIONS