

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV - 1 AM 9: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L54914**

1. Corporation Name

**MINTEC INDUSTRIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

1150 NW 72ND AVENUE  
SUITE 350-D  
MIAMI FL 33126  
US

1150 NW 72ND AVENUE  
SUITE 350-D  
MIAMI FL 33126  
US

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



**REINSTATEMENT**

*090*

2. New Principal Office Address, If Applicable

*1150 NW 72nd Avenue*

Suite, Apt. #, etc.

*suite 311*

City & State

*MIAMI, FLORIDA*

Zip

*33126*

Country

*USA*

3. New Mailing Office Address, If Applicable

*1150 NW 72nd Avenue*

Suite, Apt. #, etc.

*suite 311*

City & State

*MIAMI FLORIDA*

Zip

*33126*

Country

*USA*

4. Date Incorporated or Qualified To Do Business in Florida

*03/06/1990*

5. FEI Number

*65-0177846*

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HENRIQUEZ, RENE	1157 HIDDEN VALLEY WAY	WESTON FL 33327

800003039528--1  
-11/09/99--01051--010  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRIQUE, RENE  
1157 HIDDEN VALLEY WAY  
WESTON FL ~~33327~~ 33327

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

33327

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

*Henriquez R.*

REGISTERED AGENT MUST SIGN

Date

*10/13/99*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*Henriquez R.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/13/99*

Date

Daytime Phone #

**KE**

CR25040 (9/99)