


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007321

1. Corporation Name
South Florida Technology Alliance

2. Principal Office Address <u>1430 Milan Ave</u>		3. Mailing Office Address <u>P.O. Box 347876</u>	
Suite, Apt. #, etc. <u>?</u>		Suite, Apt. #, etc.	
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33134</u>	Country <u>US</u>	Zip <u>33234</u>	Country <u>US</u>

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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 Marli Lutz 500024616685

Street Address (P.O. Box Number is Not Acceptable)
1430 Milan Ave 11/12/03--01075--015 **236 25

Suite, Apt. #, Etc.
Coral Gables

City Coral Gables State FL Zip Code 33134

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 Marli Lutz Date 11.4.03

REGISTERED AGENT MUST SIGN

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
Pres	Thomas Patterson	851 W Cypress Crt RD	Fort Lauderdale, FL 33309
VP	Mark Kamp	770 Northpoint Pkwy # 100	West Palm Bch, FL 33407
Sec	Annebel Beyra	1607 Ponce de Leon Blvd # 750	Coral Gables, FL 33134
Treas.	Bill McElain	450 E Las Olas Blvd	Fort. Lauderdale FL 33301

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: Annebel Beyra 11/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E091 (10/02)

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