

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

DOCUMENT # P02000041716

1. Corporation Name

NAVI-TECH CORP.

3510 NW 115TH AVE

5610 NW 107TH AVE

2. Principal Office Address

3510 NW 115TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5610 NW 107TH AVE

Suite, Apt. #, etc.

1305

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/10/2002

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

ANA ARGUELLO

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

5610 NW 107TH AVE

Suite, Apt. #, Etc.

1305

City

MIAMI, FL

State

FL

Zip Code

33178

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

Ana Maria Arguello

Date 08/30/04

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
PVTD	ANA ARGUELLO	5610 NW 107TH AVE, SUITE 1305	MIAMI, FL 33178

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:

Ana Maria Arguello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/04

Date

305-790-4461

Daytime Phone #

CFR2E081 (01/04)