

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 and a B. M. Nathan
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 FEB 20 PM 3:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000028521**

1. Corporation Name

HI-TECH MANAGEMENT

Principal Place of Business	Mailing Address
50 NW 51 Place STE# 3E Miami, Fl 33126	165 SW 130 AV Miami, Fl 33184

400002441074--4
-02/26/98--01006--001
******315.00 ****315.00**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0661532	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 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	Jose M. Pena	165 SW 130 Av	Miami, Fl 33184
V	Hector M. Pena	5368 SW 90 CT	Miami, Fl 33165
T	Hector A. Pena	9265 SW 44 ST	Miami, Fl 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jose M. Pena 165 SW 130 AV Miami, Fl 33184	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 *[Signature]* Date **02/16/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/98

Date

305-569 9919

Daytime Phone #

CR2E040 (1/98)

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**HI-TECH MANAGEMENT
50 NW 51 PLACE STE 3E
MIAMI, FL 33126**

TO: Department of reinstatement

Dear Sir or Madam the corporation Hi-Tech Management appears in your records as dissolved. This information is correct. The reason for this oversight in our part is a terrible event that took place in our office building about the same time the annual report for this corporation was schedule to be sent to your office. Our office building caught on fire an was burn to the ground not one single document from our office survive the fire. In the commotion after the fire the company was in idle for about six month until the insurance company finish there investigation. The company was in the brink of bankruptcy but the problems that plague this company are behind us now . I spoke with one of the customer service representatives from the state, I explain the problem she told me to write this letter and send a fee of \$ 315.00. Please find a copy of the fire report along with this letter. If you should have any question regarding this matter please do not hesitate to call me at 305-569-9919 or fax me at 305-569-6115.

Sincerely yours,


Hector C. Pina