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	PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FOR	M.	
- API	PLICATION ASSE		A DEPARTMEN			FILED		
	FU S		Sandra B. Mor	•	(
REIN	STATE]_	Secretary of S		,	98 DEC 31 PM :	5: 03	
		DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # P9700093993 1. Corporation Name					14	LLAHASSEE, FL	ORIDA	
	OTEC LIMITED CORP.							
	,							
Principal Pi	lace of Business	Mailing Address						
•		5757 BLUE LAGOON DR.			 	1815 1880 1801 1801 1801		
5757 BLUE LAGOON DR. SUITE 350 MIAMI FL 33126		SUITE 350						
MIAMI FL 3	3120	MIAMI FL 33126						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Pri	incipal Office Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.		Suite, Apt. #, etc.			11/03/1997			
#4/ City & State	<u> </u>	City & State	SW /37	OT	5. FEI Number	79/19/	Applied For	
MiAMI, FC		MiAmi Fl-			6.	11/65/1	Not Applicable	
Zip . 表3 / *	Country Country	Zip コスノ	フン ' Country			OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	I/or Director (Fig	orida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			et Address of Each	······································	Clty	State / Zip	
PD TORRES, LUIS E			3 (Do NOT Use		ımbers)	4		
			SAST DEUE EAGOON DR.			MIAMI FL-88H26 33/75		
		 	44/0 SW 137 CT					
SVD ROBERTO G. 5757			5757-BLUE LAGO	<u>+MAMFFL-33126</u>				
								
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	<u></u>		<u> </u>		- <u> </u>			
8. Name and Address of Current Registered Agent Name					9. Name and A	ddress of New Registere	ed Agent	
ROBER	rts, alberto g			JESUS		Stes DE C	CA	
5757 BLUE LAGOON DR.				Street Address (P	O. Box Number i SW フょフ	- 4- 1		
SUITE 350 Suite, Apt. #, Etc.					300_79_2			
MIAMI FL 33126						St	ate Zip Code	
City MiAm					<i>i</i> ,	F		
	appointed the registered agent of the ab	ove named corp	oration, am familiar wit	h and accept the ob	ligations of Section	on 607.0505, F.S.	·	
Signature o Registered	Agent Agent	CONTERED A	SENT MUST SIGN	NKFN	<u> </u>	Date	38	
44				=======================================	·			
	is corporation owes or h angible Personal/Prope			Yes 🗌	No 🛛		side for information tangible tax.)	
this rein: owed by on this a	that I am an officer or director or the recestatement application, the resson for disty the corporation have been paid and the application is true and accurate, and my supplication is true and accurate.	olution has been names of Individ ignature/shall ha	eliminated, the corpor luals listed on this form	rate name satisfies to n do not qualify for a ct as if made under	the requirements in exemption und	of section 607.0401 or 617	2.0401, F.S., that all fees	
SIGNAT	SIGNATURE AND TYPED OR PI					Date 0	Daytime Phone #	

November 24, 1998

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

Dear Sirs:

Enclosed please find a Reinstatement form signed & dated.

Please note that this Corporation should NOT have been dissoveld since we sent the Annual Report to your office on September 30, 1998, Post Office so postmarked, together with the corresponding check in the amount of \$550.00.

Approximately fifteen days later you returned the Annual Report because Officer failed to sign said form. We immediately signed and return to you.

The check was never returned to us.

We are sending this reinstatement form without the check in the hope that you will find in your records that the payment was made on September 30th, 1998. If you need further information/or additional payment, then please inform us and we will do whatever is necessary.

Sincerely,

Luis Torres

LT/oz