

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 21 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **991000051980**

1. Corporation Name
COMPETIZIONE TECHNIQUE, INC.

2. Principal Office Address
600 NE 36 ST #1917

Suite, Apt. #, etc.
1917

City & State
MIAMI

Zip Country
33137 USA

3. Mailing Office Address
600 NE 36 ST

Suite, Apt. #, etc.
1917

City & State
MIAMI

Zip Country
33137 USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida
June 1997

5. FEI Number
65-0925775

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
CHRISTOPHER T. LIMA

Street Address (P.O. Box Number is Not Acceptable)
600 NE 36 ST

Suite, Apt. #, Etc.
#1917

City
MIAMI

State Zip Code
FL 33137

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
5/17/2001

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 |
|--------|-----------------------------------|--|--------------------|
| PSTD | LIMA, CHRISTOPHER T. | 600 NE 36 ST #1917 | MIAMI, FL 33137 |
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****900.00 ****900.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **5/15/2001** Daytime Phone # **305 571 5071**

CR2E081 (9/00)