## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ALL INSTRUCTIONS BEF		into trao rotani.	
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		STATE	6 FILED 03 JAN 21 AM 10: 09	
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DOCUMENT # P990000 74134			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Aztek Communication	we South Elacida	line	·	
4021 23rd Avenue SW		1110		
Naples, FL 34116		ł	100010384041	
2. Principal Office Address	3. Mailing Office Address	I	. <b>1,00010384041</b> 1/21/0301034002 **300.00	
4021 23rd Avenue SW	4021 23rd Avenue	SW		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		porated or Qualified	
City & State	City & State		siness in Florida 8/13/99	4
Naples FL	Naples, FL	5. FEI Numb	Applied For Not Applicable	1
34116 USA	34116 Country USA	6.	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status.	
	7. Name and Address of Curre	nt Registered Agent		
Name Michael	Lerds			
Street Address (P.O. Box Number is N	of Acceptable)			
2390 6 Suite, Apr. #, Etc.	in Street NW	<del></del>	·	
		<u> </u>		
city Naples			State Zip Code FL 34120	
8. I, being appointed the registered agent of the abo	ve named corporation, am familiar with and a	ocept the obligations of sect	ion 607.0505 or 617.0503, F.S.	CR2E081 (10/02)
Signature of Registered Agent // // Date // /6/2003				2E081
	GISTERED AGENT MUST SIGN		1.12	8
9. Names and Street Addresses of Each Officer and		<del></del>	,	1
Titles Name of Officers and/or Directors	Officer and	ress of Each L/or Director	City / State / Zip	
P/5 Michael Leeds	12390 6th 5	- 34120	NaplesFL-34120.	
VIT John Renosis	9081 Laduk	oua Court	Hayers F 33919	
	U	<del>U</del>		1
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			}	1
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: MUSICAL 11603 (239) 348-997 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylitre Phone #				

## **AZTEK Communications** of South Florida Inc.

4021 23<sup>rd</sup> Ave. SW Naples, Fl. 34116 Phone 941-566-1527 Fax 941-348-3810

January 16, 2003

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

To whom it may concern:

Please find enclosed a check for \$300.00 to re-instate our corporation. We never received the Uniform Business Report form for the year 2002. We are diligent in keeping up with all of our responsibilities for proper business management. We file all of our required state forms in a timely manner with all payments required. While we still receive mail at our old location, we never received the UBR. It is our understanding that by writing this letter you will be able to update our current active business address as noted on this letter. This information is also on the enclosed UBR. Based on the recording that played when I called the reinstatement section of the division of corporations(850-245-6059), we only have to pay the \$150.00 per year. Thank you in advance for the time and attention that you give this matter.

Thank you,

Michael L. Leeds - President

Aztek Communications of S. Fl. Inc.