

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F-79297

1. Corporation Name

SALES TEC CORPORATION

2. Principal Office Address

1401 NW 78 AVENUE

Suite, Apt. #, etc.

303

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

9445 BIRD ROAD

Suite, Apt. #, etc.

105

City & State

MIAMI FLORIDA

Zip

33165

Country

USA

**REINSTATEMENT**

*200*

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1982

5. FEI Number

59-2223994

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

WILLIAM LUCAS ECHAVARRIA

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

1401 NW 78 AVENUE

Suite, Apt. #, Etc.

303

City

MIAMI

State  
**FL**

Zip Code  
33126

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

*William Lucas Echavarría*

REGISTERED AGENT MUST SIGN

Date NOVEMBER 17, 2000

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
DP	WILLIAM LUCAS ECHAVARRIA	1401 NW 78 AVENUE # 303	MIAMI FLORIDA 33126

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

*William Lucas Echavarría*

WILLIAM L ECHAVARRIA

NOV 17, 2000

Date

(305) 470-0049

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR