

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 25 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F-79297

1. Corporation Name  
SALES-TEC CORPORATION

REINSTATEMENT 03-04

400028407974  
02/25/04--01006--007 \*\*150.00

400028407974  
02/09/04--01035--012 \*\*750.00

2. Principal Office Address  
6995 WEST 17 COURT

3. Mailing Office Address  
P.O. BOX 652337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH--FLORIDA

City & State  
MIAMI--FLORIDA

Zip Country  
33014 USA

Zip Country  
33265 USA

4. Date Incorporated or Qualified  
To Do Business in Florida APRIL 19, 1982

5. FEI Number Applied For  
59-2223994 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 L. ECHAVARRIA  
Street Address (P.O. Box Number is Not Acceptable)  
6995 WEST 17 COURT  
Suite, Apt. #, Etc.  
City  
HIALEAH FLORIDA 33014

State Zip Code  
FL 33014

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 *Lucas Echavarría*  
REGISTERED AGENT MUST SIGN

Date FEBRUARY 3, 2004

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 L. ECHAVARRIA	6995 WEST 17 COURT	HIALEAH, FLORIDA 33014

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: *Lucas Echavarría*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 3, 2004 305-456-0965  
Date Daytime Phone #

CR2E081 (10/02)