

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 1:49

DOCUMENT # 537849

1. Corporation Name

EDU-TECH. N.A., INC.

Principal Place of Business

Mailing Address

117 SHORE DRIVE WEST  
MIAMI FL 33133

117 SHORE DRIVE WEST  
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1950923

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TP	DIEGUEZ, FRANCISCO	117 SHORE DRIVE WEST	MIAMI FL 33133
VPS	DIEGUEZ, BERTA M	117 SHORE DRIVE WEST	MIAMI FL 33133

800003441488--0

-10/27/00-01007-015

\*\*\*\*550.00 \*\*\*\*550.00

10/11/2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIEGUEZ, FRANCISCO J  
117 SHORE DRIVE WEST  
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Francisco J. Dieguez*

REGISTERED AGENT MUST SIGN

Date

10/11/2000

11. 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:

*Francisco J. Dieguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2000

Date

Beepers  
(305) 656-5257

Daytime Phone #

CR2E040 (8/00)

**EDU-TECH INC.**

P.O. BOX 450265  
SHENNANDOAH STATION  
MIAMI, FLA. 33145 - U.S.A.  
(305) ~~529-4154~~ • FAX (305) ~~858-1728~~  
529-4154 858-1728

10/12/2000

FLA. DEPT. OF STATE  
DIVISION OF CORPORATIONS  
- ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE - FL 32314-6327

Dear Sir: I was certain I had  
mailed you on time these papers.  
I've been doing so for over 20 years.  
Nevertheless, enclosed find application  
and fee. In case the other application  
is found, let me know.

Sincerely  
Travis Riegling  
President  
EDU-TECH INC.