04 NOV 30 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04

DOCUMENT # F00000001855

1. Corporation Name
TECOTA Services Corp.

2. Principal Office Address	3. Mailing Office Address
2601 S. Bayshore Drive	2601 S. Bayshore Drive
Suite, Apt. #, etc. 9th Floor	Suite, Apt. #, etc. 9th Floor
City & State Miami, FL	City & State Miami, FL
Zip 33133 Country USA	Zip 33133 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/22/00

5. FEI Number 522220127 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required For Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert D. Sichta

Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Drive, 9th Floor

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 11/29/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PD	Manual D Medina	2601 S. Bayshore Dr., 9th FL	Miami, FL 33133
VPD	Jose Segrera	2601 S. Bayshore Dr., 9th FL	Miami, FL 33133
S	Fern Watts	2601 S. Bayshore Dr., 9th FL	Miami, FL 33133
AS	Robert D Sichta	2601 S. Bayshore Dr., 9th FL	Miami, FL 33133

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: _____ 11/29/04 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
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TALLAHASSEE, FLORIDA

Florida Department of State

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Division of Corporations
Fax Number : (850)205-0384 TKT

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

TECOTA SERVICES CORP.

Certificate of Status	0
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