

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F98000002733
UTC OVERSEAS, INC.

7402000027473

2. Principal Office Address

476 Broadway

Suite, Apt. #, etc.

Suite 5001

City & State

New York City, N.Y.

Zip

10013

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-3511940

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

LEONARD M. PEREZ

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

7551 N.W. 173th Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

9/16/02

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
Pres.	Brian Posthumus	476 Broadway Suite 5001	N.Y.C. N.Y. 10013
V. Pres.	Werner Knoop	819 Kinbal Ave	Westfield, N.J. 07090
CFO	Edward Vaz	9 Spruce Hill Road	Berkeley Hts. N.J. 07002

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02

Daytime Phone #

(212) 941-7766

CR2E081 (9/01)