

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

00 APR 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09139

1. Corporation Name

TEC PRODUCTS, INC.

Principal Place of Business

9400 N.W. 25TH STREET
MIAMI FL 33172

Mailing Address

9400 N.W. 25TH STREET
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1984

5. FEI Number

59-2429733

Applied For

Not Applicable

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SELLATI, VALENTINE	10045 S.W. 124TH AVE 3900 JOANS WAY	MIAMI FL DAVIE, FL 33328
D	SELLATI, CHRISTOPHER	12281 SW 104 TERR	MIAMI FL 3323958--6 -04/25/00--01108-013
D	SELLATI, VALENTINE JR	7033 PECAN COURT 2025 FLAMING ARROW COURT	WINTER PARK FL CASSELBERRY, FL 32730
D	SELLATI, PATRICK	43105 SW 104 TERR 9400 NW 25th ST.	MIAMI FL, 33172
D	BATUSIC, JULIANNA	12113 SW 105 LANE 13650 ROANOKE STREET	MIAMI FL DAVIE FL 33325

8. Name and Address of Current Registered Agent

SELLATI, VALENTINE
10045 S.W. 124TH AVENUE
MIAMI FL 33188

9. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)
3900 JOANS WAY

Suite, Apt. #, Etc.

City DAVIE State FL Zip Code 33328

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 AgentREQUIRED
REGISTERED AGENT MUST SIGN

Date 4-10-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALENTINE SELLATI

4-10-00

Date

305-592-4328

Daytime Phone #