	DI E	ASE REAL		FRU <b>O</b> EION	EFORE (	OMPLET	ING THIS FO	)BM	
APPLIDATION FOR REINSTATEMENT FINANCE OF STATEMENT  FINANCE OF STA						FILED			
4 0	DOCUMENT # J2728le						99 DEC -Q PM 2: 01		
ULTRATEC of MIAMI INC.						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
40 + 163: PEM	ace of Business RICMARA J. 20 SW 11 Broke f			1027					
If above addresses are incorrect in any way, line through incorrect information and  New Principal Office Address, if Applicable  3. New Mailing Office Address						4. Date incorporated or Qualified To Do Business in Florida 7 20 8/			
Suite. Apt			Suite, Apt. #,	etc.		To Do Business in Florida 7-28-86  5. FEI Number Applied For			
City & State			City & State			59-273/305 Not Applicable			
Zıp	Count	ry	Zip	Cou	intry	6. CERTIFICATI	E OF STATUS DESIRED	S8.75 Additional Ecologue for a Continuate of Education	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit  Name of Officers and/or Director (Florida nonprofit  1 2 3 (Do 3 (Do					Street Address of Each	et Address of Each			
PD	JASINSKI,	lasinski, Kichard			SW 11 St. 2 PINES, F	6 33027			
						<del>3</del> (	30003C -12/15/ ****15	9901019009 0,00 ****150.00	
						0.00		LS	
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent  8. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			
Street Address						(P.O. Box Number is Not Acceptable)			
Pembroke Pives, FL. 33027					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
10. 10. 10.					City	City State Zip Code			
10. I, being Signature ø Registered		. Jaxins	hi	eration, am familiai ENT MUST SIGN	r with and accept the o	bligations of Secti	on 607.0505, F.S. Date /3-	3-49	
	is corporation angible Pers				. Yes	□ No k	(See	other side for information on intangible tax.)	
this rein owed by	statement application, the corporation have	the reason for dissol been paid and the n	lution has been ames of individ	eliminated, the co uals listed on this	rporate name satisfies form do not qualify for effect as if made under	the requirements an exemption und	of section 607.0401 of ler section 119.07(3)(	I further certify that when filing or 617.0401, F.S., that all fees i), F.S. The information indicated	
SIGNAT	TURE: SIGNATUR	E AND YPED OF PRI	NTED NAME OF:	THE AF			/2-5-99 Date	305 817 410   Daytime Phone #	