

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  
TALLAHASSEE, FLORIDA

01 NOV -2 AM 11:36

DOCUMENT # **K22284**

1. Corporation Name

**SOUTH TECH IMPORT & EXPORT, INC.**

Principal Place of Business

Mailing Address

17710 S.W. 80 CT  
MIAMI FL 33157  
US

17710 S.W. 80 CT  
MIAMI FL 33157  
US



**REINSTATEMENT** fb 01

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

05/02/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0047282

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
D	VARGAS, GONZALO H.	7345 N.W. 35TH ST. 17710 SW 80 CT	MIAMI FL 33122 33157
P	FLORES, GABRIELA	7345 N.W. 35TH ST. 17710 SW 80 CT	MIAMI FL 33122 33157

~~200004700812-1~~

~~-11/30/01--01070--004~~

~~\*\*\*\*750.00 \*\*\*\*750.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARGAS, GONZALO H  
17710 S.W. 80 CT  
MIAMI FL 33157

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

REGISTERED AGENT MUST SIGN

Date

OCT 29, 01

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

Date

Daytime Phone #

OCT 29, 01 305-259-0051

CR2040 (8/01)