

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K35965

1. Corporation Name

INSTELEC CORP

REINSTATEMENT 04-07

2. Principal Office Address - No P.O. Box #

12205 SW 129 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL 32

Zip

33186

Country

USA

3. Mailing Office Address

12205 SW 129 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

USA

12-22-06 01026 002 \$300.00
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-3-98

5. FEI Number

65-0145419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

JOAQUIN VARELA

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

8810 SW 132 PLACE

Suite, Apt. #, Etc.

206

City

MIAMI

State

FL

Zip Code

33186

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

Joaquin Varela

REGISTERED AGENT MUST SIGN

Date 11-7-07

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
P/D	Joaquin Varela	8810 SW 132 PL #206	MIAMI FL 33186

400113407554
12/26/07--01052--021 **308.75

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 contained in Chapter 119, 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:

Joaquin Varela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-07

Date

305 252-9730

Daytime Phone #

12/10