

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K37909

1. Corporation Name

UNITED TANK LIFTING TECHNOLOGIES, INC.
c/o MARCOS A. GUERRA CPA
3663 SW 8th St., Ste 210, Miami, FL 33135-4133

Principal Place of Business

Mailing Address

Brickell Key Blve., Ste 603
Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3663 SW 8th St.,
Suite 210

City & State

Miami, Florida

Zip

Country

33135-4133

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/88

5. FEI Number

65-0131373

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 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DE CASTRO, BRUNO M.	Brickell Key Blvd. #603	Miami, FL 33131
T	DE CASTRO, NANCY	Brickell Key Blvd. #603	Miami, FL 33131

4000002286274--8
09/05/97 01113 017
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MARCOS A. GUERRA, CPA

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

3663 SW 8th St.,

Suite, Apt. #, Etc.

Suite 210

City

Miami,

State

FL

Zip Code

33135

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

Marcos A. Guerra
REGISTERED AGENT MUST SIGN

Date

8/20/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 #

8/20/97 (305) 373-8322

CR2E040 (12/96)