

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

97 SEP -5 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

**REINSTATEMENT** 95-9700

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	
Suite, Apt. #, etc.		3663 SW 8th St., Suite 210		10/11/88	
City & State		City & State		5. FEI Number	
Miami, Florida		Miami, Florida		65-0131373	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
33135-4133		33135-4133	Dade	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DE CASTRO, BRUNO M.	Brickell Key Blvd. #603	Miami, Fl 33131
T	DE CASTRO, NANCY	Brickell Key Blvd. #603	Miami, Fl 33131
			400002286274--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	State	Zip Code	
Miami,	FL	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

*[Signature]*

Date

8/20/97

Daytime Phone #

(305) 373-8322

CR20040 (12/96)