

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

906-03 FEB -6 PM 4:20

DOCUMENT # **K37909**

1. Corporation Name

UNITED TANK LIFTING TECHNOLOGIES, INC.

REINSTATEMENT 02-03



Principal Place of Business

C/O MARCOS A. GUERRA CPA
 3663 SW 8 STREET, SUITE 210
 MIAMI FL 33135-4133

Mailing Address

C/O MARCOS A. GUERRA CPA
 3663 SW 8 STREET, SUITE 210
 MIAMI FL 33135-4133

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

-10/11/1988

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE CASTRO, BRUNO	BRICKELL KEY BLVD., #603	MIAMI FL 33135
T	DE CASTRO, NANCY	BRICKELL KEY BLVD., #603	MIAMI FL 33135

500011302845
 02/06/03--01024--012 **900.00

8. Name and Address of Current Registered Agent

GUERRA, MARCOS A CPA
 C/O MARCOS A. GUERRA CPA
 3663 SW 8 STREET, SUITE 210
 MIAMI FL 33135-4133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Marcos A Guerra REGISTERED AGENT MUST SIGN

Date

01/21/03

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]
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03

Date

Destination Phone #