PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L60340

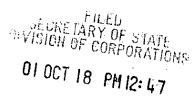
1. Corporation Name

BO-TEK INSTALLATIONS, INC.

Principal Place of Business

Mailing Address

18995 SW 256 ST. HOMESTEAD FL 33031 18995 SW 256 ST. HOMESTEAD FL 33031



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ાં If a bove addresses are incorrect in any way, line through incorrect information and enter correction below.						DEINING DI		
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			DICTIBATIONS OF Qualified VISINIST TO DO Business in Florida L		
Suite, Apt. #, etc. City & State Zip Country			Suite, Apt. #, etc. City & State Zip Country		:	C CCIN		Applied For
					70 % starte-com		65-0177849 Not App	
					ountry	6. CERTIFICATE OF STATUS DESIRED		75 Additional Fee required or a Certificate of Status
7. Names	and Street Add	resses of Each Officer and	/or Director (Flo	rida nonprofit co	orporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
P	BOTEK, VINCENT			18995 SW 256 STREET		HOMESTEAD FL 33031		
	; ;	, , , , , , , , , , , , , , , , , , ,	-av, a			90	90004658; -10/30/010 ****750.00	
					A A	10/22		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
BOTEK, VINCE 18995 SW 256 STREET HOMESTEAD FL 33031								
					City		State FL	Zip Code
10. I, being Signature o Registered	i	registered agent of the abo	S Like	<u>LRIEQ</u>	MIRED	obligations of Secti	on 607.0505, F.S. Date	-01

11.1 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 filling 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

VINCENT BOTCK 10-16-10 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.