

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:47

DOCUMENT # **L60340**

1. Corporation Name

**BO-TEK INSTALLATIONS, INC.**

Principal Place of Business

18995 SW 256 ST.  
HOMESTEAD FL 33031

Mailing Address

18995 SW 256 ST.  
HOMESTEAD FL 33031

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

03/27/1990

5. FEI Number

65-0177849

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 3	City / State / Zip 4
P	BOTEK, VINCENT	18995 SW 256 STREET	HOMESTEAD FL 33031

900004658259--0  
-10/30/01--01006--003  
\*\*\*\*750.00 \*\*\*\*750.00

10/10/20

8. Name and Address of Current Registered Agent

BOTEK, VINCE  
18995 SW 256 STREET  
HOMESTEAD FL 33031

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

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

*Vincent BOTEK*  
REGISTERED AGENT MUST SIGN

Date 10-16-01

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:

*Vincent BOTEK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305  
243  
5495

CR2040 (8/01)