

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
to the line
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91329**

1. Corporation Name

INNOVATIVE Technical Developments, Inc

2. Principal Office Address

12300 SW 131 AVENUE

3. Mailing Office Address

12300 SW 131 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/90

5. FEI Number

65-0213300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge M. Mayor

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

5921 SW 94th COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jorge M. Mayor
REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P. | Jorge M. Mayor | 5921 SW 94th CT. | MIAMI, FL 33186 |
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10. 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:

Jorge M. Mayor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/00

Daytime Phone #

305-259-0100

CR2E081 (9/99)

Phone 305-259-0100
Fax 305-259-0300

December 04, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
Tallahassee, FL 32314

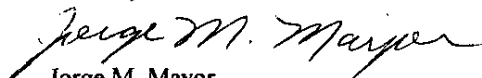
Dear Mr. Fisher,

Per my conversation on November 27, 2000, I am submitting this letter and a check for \$300.00 per your instruction to reinstate my corporation. I do not recall receiving the document you have sent me through the mail in the past.

I hope that you will help in reinstating my corporation. If you require any further information, please do not hesitate to call me at 305-259-0100.

Thank you in advance for your assistance and cooperation.

Sincerely,


Jorge M. Mayor
President