

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M67849**

1. Corporation Name

**MULTITEK, INC.**

Principal Place of Business

405 SOUTH 16 AVENUE  
HOLLYWOOD FL 33020  
US

Mailing Address

405 SOUTH 16 AVENUE  
HOLLYWOOD FL 33020  
US

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

02/11/1988

5. FEI Number

65-0025070

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
PD	BRAGANSA, JOHN	405 SOUTH 16 AVENUE	HOLLYWOOD FL 33020

200024511342

11/07/03--01064--011 \*\*150.00

8. Name and Address of Current Registered Agent

BRAGANSA, JOHN  
405 SOUTH 16 AVENUE  
HOLLYWOOD FL 33020

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
*John Braganza*  
**JOHN BRAGANZA**  
REGISTERED AGENT MUST SIGN

Date 10-14-03

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 REQUIRED**  
*John Braganza*  
**JOHN BRAGANZA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

954 931 1492

CR2E040 (7/03)

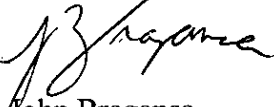
October 14, 2003

Florida Division of Corporations

This letter is to request a waiver on the reinstatement fee for Multitek Inc. The document number is M67849. I did not receive the Uniform Business report and failed to renew on a timely manner.

I have enclosed a check for \$150 to reinstate Multitek Inc. as an active corporation in the State of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bragansa", written over a horizontal line.

John Bragansa  
President  
Multitek Inc.  
(954) 931-1492