

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/18/98--01019--011  
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REINSTATEMENT 98

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N01811 (1)</b>			
1. Corporation Name <b>POLITECHNICAL INSTITUTE OF FLORIDA INC.</b>			
Principal Place of Business <b>500 WEST 29 Street HIALEAH, FL 33012</b>		Mailing Address <b>500 W29 ST. HIALEAH, FL 33012</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>500 West 29 Street</b>		3. New Mailing Office Address, If Applicable <b>8214 West Flagler St.</b>	
Suite, Apt. #, etc. <b>Hialeah, FL 33012</b>		Suite, Apt. #, etc. <b>Miami, FL</b>	
Zip <b>33012</b>	Country <b>U.S.A.</b>	Zip <b>33144</b>	Country <b>U.S.A.</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>3/7/84</b>		5. FEI Number <b>59-2387853</b>	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Carlos L. Alvarez	8214 West Flagler ST.	Miami, FL 33144
V	Henry Babani	8214 West Flagler ST.	Miami, FL 33144
V	Angel E. Morera	8214 West Flagler ST.	Miami, FL 33144
S	Eddie Pabon	8214 West Flagler ST	Miami, FL 33144
T	Mayralisa Arbelo	8214 West Flagler ST	Miami, FL 33144
8. Name and Address of Current Registered Agent			
Ploucha, Esq. L Atkinson, Diner, Stone, Black Mankuta 1946 Tyler Street Hollywood, FL 33025			
9. Name and Address of New Registered Agent			
Name <b>Carlos L. Alvarez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8214 West Flagler Street</b> Suite, Apt. #, Etc. City <b>Miami</b> State <b>FL</b> Zip Code <b>33144</b>			
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		Date <b>12/7/98</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(f), 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:		Date <b>12/7/98</b> (305) 227-0005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (1/88)