

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathérine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 26 AM 10:42

DOCUMENT # P00000004140

1. Corporation Name

PROVISER TECHNOLOGY USA, INC.

Principal Place of Business

Mailing Address

3055 S.W. 32ND AVENUE  
MIAMI FL 33133

3055 S.W. 32ND AVENUE  
MIAMI FL 33133



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

03-08-01 90190 048 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0976759

Not Applicable

Zip

Country

Zip

Country

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	SUAREZ, JORGE E	3055 S.W. 32ND AVENUE	MIAMI FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMIREZ, PATRICIA  
3055 S.W. 32ND AVENUE  
MIAMI FL 33133

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

20F2

October 16, 2001

Florida Department of State  
Division of Corporations

RE: Notice of Administrative Dissolution for Proviser Technology USA Inc.

Dear Sir or Madam:

According to the conversation that I had today with the Division of Corporations Tel 850-488-9000 about the Company PROVISER TECHNOLOGY USA INC with number P00000004140, I explained that I did file and pay for the annual report back in February 26/2001 and the check was made and cashed to the Florida Department of State on March 08/2001. I was told that what was missing was the Federal ID, Therefore I am enclosing a copy of the federal ID, along with the notice of Administrative dissolution as requested.

Should you need any additional information, please contact me at:

3055 SW 32 Ave  
Miami, Fl 33133  
Office 305-476-5759  
Home 954-447-7427  
Cel 305-302-9982

Thank you,

Patricia Ramirez