

12/14/2001 15:22

3058599995

HOLTZMAN ET AL

PAGE 02
002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE TAMMIE HARRIS Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 2001 UBF 1. Corporation Name STC Investments, Inc			
2. Principal Office Address 2301 NW 84th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2601 South Bayshore Drive Suite, Apt. #, etc. Suite 600	
City & State MIAMI, Florida		City & State MIAMI, FL	
Zip 33122	Country USA	Zip 33122	Country USA
4. Date Incorporated or Qualified To Do Business in Florida MARCH 2, 2000		5. FEI Number 65-0995936	
6. CERTIFICATE OF STATUS DESIRED ☐		☒ Applied For ☒ Not Applicable \$4.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name STC Registered Agent Corp.	
Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive	600004883436--4
Suite, Apt. #, Etc. Suite 600	02/05/02 01855-025 ***150.00 ***150.00
City MIAMI	State Zip Code FL 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent**Arthur J. Fune**Date **12.14.01**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	MARIA R. Siman	11205 SW 93ct	MIAMI, FL 33176
P	MARIA R. Siman	11205 SW 93ct	MIAMI, FL 33176
S	MARIA R. Siman	11205 SW 93ct	MIAMI, FL 33176

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(2)(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:

Arthur J. Fune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.14.01

Daytime Phone #

(305) 859-7700



2012

December 12, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: **Reinstatement of Corporation/STC Investments, Inc.**

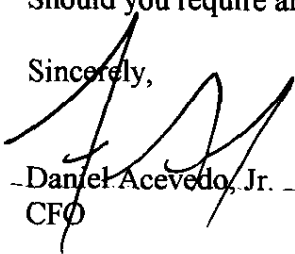
Dear Sir or Madam:

Please be informed that we were not notified by your office of the termination of the corporation. We recently found out that the company was inactive since September of 2001.

Enclosed, please find Corporation Reinstatement form and a check for the reinstatement in the amount of \$150.00. We are requesting waiver of the new corporation fee as we moved location and did not receive Uniform Business Report from your office.

Should you require any other information, please let us know.

Sincerely,


Daniel Acevedo, Jr.
CFO