

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

JAN 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033782

1. Corporation Name

Lince Technology Inc
11202 NW 56 Street
11202 N.W 56 Street

2. Principal Office Address

11202 N.W 56 Street
Suite, Apt. #, etc.

3. Mailing Office Address

11202 N.W 56 Street
Suite, Apt. #, etc.

City & State

Doral, Florida

Zip

33178

Country

U.S.A

City & State

Doral, Florida

Zip

33178

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-03-2000

5. FEI Number

65-0999854

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

Dinair C. Albuquerque

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

11202 N.W 56 Street

Suite, Apt. #, Etc.

City

Doral, Florida

State

FL

Zip Code

33178

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/03/05

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	Dinair C. Albuquerque	11202 N.W 56 Street	Doral, Florida 33178
P	Fabricio X. Correia	11202 N.W 56 Street	Doral, Florida 33178
D	Sergio F. Albuquerque	11202 N.W 56 Street	Doral, Florida 33178

300044292853

01/03/05-01018-018 **450.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/05

Date

786-4882141

Daytime Phone #

CR2081 (01/04)