

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 000 000 39954*

1. Corporation Name

Avtech Corporation

2. Principal Office Address

5575 N.W. 36 St.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33166

Country

USA

3. Mailing Office Address

5575 N.W. 36 St.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33166

Country

USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

651050926

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

Lance Joseph -

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

9990 S.W. 77 AV.

Suite, Apt. #, Etc.

P H - 9

City

MIAMI

FL

State

FL

Zip Code

33156

400046418134
*02/11/05--01010--003 **308.79*

700043730427

*12/30/04--01021--015 **750.00*

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

REGISTERED AGENT MUST SIGN

Date

12/29/04

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 |
|---------------|--------------------------------------|---------------------------------------------------|---------------------------|
| <i>Pres.</i> | <i>Eduardo Sarmiento</i> | <i>350 Island DR.</i> | <i>K.B FL. 33149</i> |
| <i>VP</i> | <i>Eduardo J. Sarmiento</i> | <i>350 Island DR.</i> | <i>K.B FL. 33149</i> |
| <i>Treas.</i> | <i>Eduardo Sarmiento</i> | <i>350 Island DR.</i> | <i>K.B FL. 33149</i> |
| <i>Secy.</i> | <i>DORA A. ACUNA.</i> | <i>EL MARQUEZ. 11-10</i> | <i>CARACAS Venezuela.</i> |
| | | | |
| | | | |

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

Date

Daytime Phone #

12/26/04 305 884 2333

CR2E081 (01/04)