

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000044286

**1. Corporation Name**

INT'L TECH OF MIAMI, INC  
~~dba INTERNATIONAL TECHNICAL  
SUPPLIES, INC~~

**2. Principal Office Address**

3140 W. 84th STREET

Suite, Apt. #, etc.

BAY # 3

City & State

HIALEAH, FL

Zip

Country

**3. Mailing Office Address**

3140 W. 84th STREET

Suite, Apt. #, etc.

BAY #3

City & State

HIALEA, FL

Zip

Country

**FILED**  
04 MAR 31 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400030734634  
03/19/04--01055--029 \*\*1050.00

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

4/28/00

**5. FEI Number**

65-1054215

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

RAFAEL O. TREJO

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

6282 NW 74th TERRACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

**REINSTATEMENT** 02-04

**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 3/15/2004

**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	GLORIA E. TREJO	6282 NW 74TH TERRACE	PARKLAND FL 33067
VPS	RAFAEL O. TREJO	6282 NW 74TH TERRACE	PARKLAND FL 33067

**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

GLORIA E. TREJO

Date

3-15-04

Daytime Phone #

305-828-2281

CR2E081 (10/02)