

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000049781**

1. Corporation Name

ULTRA TECH CONSULTING, INC.

Principal Place of Business

**2 TRUMAN DRIVE
WESTON FL 33326**

Mailing Address

**2 TRUMAN DRIVE
WESTON FL 33326**

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

2. New Principal Office Address, If Applicable

10815 N.W. 50 Street

Suite, Apt. #, etc.

Apt 101

City & State

MIAMI FL

Zip

33178

Country

Doede

3. New Mailing Office Address, If Applicable

10815 N.W. 50 Street

Suite, Apt. #, etc.

Apt 101

City & State

MIAMI FL

Zip

33178

Country

Doede

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/2000

5. FEI Number

65-1009769

Applied For

Not Applicable

6.

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
D	MADERA, RAMON	2 TRUMAN DRIVE	WESTON FL 33326

800010403208
01/21/03--01109--004 **900.00

8. Name and Address of Current Registered Agent

**MADERA, RAMON
2 TRUMAN DRIVE
WESTON FL 33326**

9. Name and Address of New Registered Agent

Name

Ramon Madera

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

10815 N.W. 50 Street

Suite, Apt. #, Etc.

Apt 101

City

MIAMI

State

FL

Zip Code

33178

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

01/10/2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/10/2003 954-845-2154

Daytime Phone #

CR20040 (802)