

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 31 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010404

1. Corporation Name

RESTEK, INC.

Principal Place of Business

2154 NORTHWEST 166TH AVE
PEMBROKE PINES FL 33028

Mailing Address

2154 NORTHWEST 166TH AVE
PEMBROKE PINES FL 33028

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

65-1074280

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
DP	DAVIS, RUSSEL	2154 NORTHWEST 166TH AVE	PEMBROKE PINES FL 33028
DST	GENIESSE, FRANCIS	2552 WILEY COURT	HOLLYWOOD FL 33020
D	LORENTE, RAMON	17556 SW 142ND COURT	MIAMI FL 33177
D	Atac, Vstun	140 N.W 16 th St	Pompano Bch, FL 33060
			400008724534 10/31/02--01045--012 **250.00

8. Name and Address of Current Registered Agent

GLENN, RICHARD W

321 8TH STREET

WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

4 Harvard Circle, Suite 600

Suite, Apt. #, Etc.

City West Palm Beach

State
FL

Zip Code
33409

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL E. DAVIS

Date

Daytime Phone #

10-28-02 444-6642

CR2E040 (8/02)