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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000023027

1. Corporation Name

Babum Tech Corp

6260 NW 173rd St.
6260 NW 173rd St.

2. Principal Office Address

6260 NW 173rd St.

Suite, Apt. #, etc.

1118

City & State

Hialeah, FL

Zip

33015

Country

USA

3. Mailing Office Address

6260 NW 173rd St.

Suite, Apt. #, etc.

1118

City & State

Hialeah, FL

Zip

33015

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/1/2001

5. FEI Number

04-377867-3

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

Oscar D. Arana

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

6260 NW 173rd St.

Suite, Apt. #, Etc.

1118

City

Hialeah, FL

State
FL

Zip Code
33015

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]

Date 05/06/2004

REGISTERED AGENT MUST SIGN

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	Oscar D. Arana	6260 NW 173rd St. #1118	Hialeah, FL 33015

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

(305)978-8740

Date

Daytime Phone #

FILED
04 MAY 10 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900035830119
05/10/04--01105--011--**450.00
REINSTATEMENT *[Signature]*

CR2E081 (01/04)

PS 2082

May 7, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear officer:

This is to inform that Babum Tech Corp never received a notification of dissolution nor any request for payments. We hope we can count on you in solving this matter.

Should you have any questions, please notify us at (305) 978-8740

Thank you,


Oscar Arana
President
Babum Tech Corp