

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

06 DEC -5 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000039648

1. Corporation Name

ITHSS-International Tech Hardware Software and Services Corp.

2. Principal Office Address

2929 E. Commercial Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip  
33308

Country  
USA

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

April 19, 2001

5. FEI Number

☒ 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

*EBERT*  
Cara E. Cameron, P.A.

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

2929 E. Commercial Blvd.

Suite, Apt. #, Etc.  
Suite 410

City

Fort Lauderdale

State  
FL

Zip Code  
33308

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

*Cara E. Cameron*

Date 11/30/2006

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
PSTD	Victoria Vergara	2929 E. Commercial Blvd., #410	Fort Lauderdale, FL 33308

600082400246  
12/08/06--01036--015 \*\*1358.75

REINSTATEMENT 02-06

*RS*

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 contained in Chapter 119, 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:

*ALFREDO TAMAYO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/06  
Date

754-491-1950  
Daytime Phone # 2240



# POWER OF ATTORNEY and Declaration of Representative

See Instructions for additional information.

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## PART I - POWER OF ATTORNEY

### Section 1. Taxpayer Information. Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8.

Taxpayer name(s) and address(es)	Federal ID no(s). (SSN, FEIN, etc.)	Florida Tax Registration Number(s) (Business Part No., Sales Tax No., U.T. Acct No., etc.)
ITHSS-INTERNATIONAL TECH HARDWARE SOFTWARE AND SERVICES CORP. 2929 E. COMMERCIAL BLVD., #410 FORT LAUDERDALE, FL 33308	APPLIED FOR  Contact person  ALFREDO R. TAMAYO	NONE  Telephone number 954-491-1950  Fax number 954-776-5567

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

### Section 2. Representative(s). Each representative must be listed individually, and must sign and date this form on Page 2, Part II.

Name and address (include name of firm if applicable)	Telephone number 954-491-1950
ALFREDO R. TAMAYO MSI BARNES & ASSOCIATES, P.A. 2929 E. COMMERCIAL BLVD., #409 FORT LAUDERDALE, FL 33308	Fax number 954-776-5567
	Cell phone number
Name and address (include name of firm if applicable)	Telephone number
	Fax number
	Cell phone number
Name and address (include name of firm if applicable)	Telephone number
	Fax number
	Cell phone number

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

### Section 3. Tax Matters. Do not complete this section if completing Section 4.

Type of Tax (Corporate, Sales, Unemployment, etc.)	Year(s) / Period(s)	Tax Matter(s) (Tax Audits, Protests, Refunds, etc.)
CORPORATE	2001 THROUGH 2006	FORM F-1120
CORPORATE	2006	CORPORATION REINSTATEMENT

### Section 4. To Appoint an Unemployment Tax Agent Only. Do not complete Sections 3 and 6 if completing Section 4.

By completing this section, an employer (taxpayer) appoints a representative to act as its Florida unemployment tax agent before the Florida Department of Revenue on a continuing basis and to receive confidential information with respect to mailings, filings, and other tax matters related to the Florida unemployment compensation law. All other sections of this form (except Sections 3 and 6) must also be completed. Do not complete Section 4 unless you wish to appoint an unemployment tax agent on a continuing basis.

Agent name	Agent number (required)
Firm name	Federal I.D. No. (required)
Address (if different from above)	Telephone number

Mail Type: See Instructions for explanations. Check one box only. ☐ 1 (Primary) ☐ 2 (Reporting) ☐ 3 (Rate) ☐ 4 (Claim)

### Section 5. Acts Authorized.

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in Section 3 and Section 4 (for example, the authority to sign any agreements, consents, or other documents). Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to endorse or cash warrants, or the power to sign certain returns.

If you want to authorize a representative named in Section 2 to receive (but not to endorse or cash) refund warrants, write the name of the representative on this line and check the box ☐

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney.

SIGNATURE AUTHORITY FOR CORPORATE REINSTATEMENT FORM

Florida Tax Registration Number:

Taxpayer Name(s):

Federal Identification Number:

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- Taxpayer(s) must complete Page 1 of this Power of Attorney or it will not be processed.

**Section 6. Notices and Communication.** Do not complete Section 6 if completing Section 4.

- Notices and other written communications will be sent to the first representative listed in Part I, Section 2, unless the taxpayer selects one of the options below. Receipt by either the representative or the taxpayer will be considered receipt by both.

- a. If you want notices and communications sent to both you and your representative, check this box ☐
- b. If you want notices or communications sent to you and not your representative, check this box ☐

Certain computer-generated notices and other written communications cannot be issued in duplicate due to current system constraints. Therefore, these communications will be sent to only the taxpayer at his or her tax registration address.

**Section 7. Retention / Nonrevocation of Prior Power(s) of Attorney.**

The filing of this Power of Attorney will not revoke earlier Power(s) of Attorney on file with the Florida Department of Revenue, even for the same tax matters and years or periods covered by this document. If you want to revoke a prior Power of

Attorney, check this box ☐

You must attach a copy of any Power of Attorney you wish to revoke.

**Section 8. Signature of Taxpayer(s).**

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, member/managing member, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

Victoria Vergara

Signature

11/30/06

Date

PRESIDENT

Title (if applicable)

VICTORIA VERGARA

Print name

Signature

Date

Title (if applicable)

Print name

**PART II - DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Department of Revenue, including Rules 12-6.006 and 28-106.107 of the Florida Administrative Code, as amended;
- I am familiar with the law and facts related to this matter and am qualified to represent the taxpayer(s) in this matter;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive and inspect confidential taxpayer information;
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent - enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
  - d. Former Department of Revenue employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
  - e. Unemployment Tax Agent authorized in Section 4 of this form.
  - f. Other qualified representative.
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will not be processed.

Designation - Insert Letter from Above (a - f)	Jurisdiction (State) and Enrollment Card No. (if any)	Signature	Date
B	FL		12/4/06