

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 JUN 21 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000050086**

1. Corporation Name

Plugtech, Inc.

000209188500  
06/21/11--01032--008 \*\*900.00

2. Principal Office Address - No P.O. Box #

4240 SW 102 Court

Suite, Apt. #, etc.

3. Mailing Office Address

4240 SW 102 Court

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

USA

Zip

33165

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 21, 2001

5. FEI Number

65-1105124

☐ 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

Marconi Simoes

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

4240 SW 102 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**REINSTATEMENT**

RH

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

REGISTERED AGENT MUST SIGN

Date

6/15/2011

**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
D	Marconi Simoes	4240 SW 102 Court	Miami, FL 33165
P	Reuton Santos Pessoa de Luna	4240 SW 102 Court	Miami, FL 33165

10. E-mail Address:

marcsim@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/15/2011

RH