

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 23 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081871

1. Corporation Name
HYTEC CORP.

Principal Place of Business

124 MICCO AVE
SEBRING FL 33870

Mailing Address

124 MICCO AVE
SEBRING FL 33870

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1135514

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VIERA, ROBERT	124 MICCO AVE	SEBRING FL 33870
			05/14/02 90062 026
			\$150.00

8. Name and Address of Current Registered Agent

VIERA, ROBERT
124 MICCO AVE
SEBRING FL 33870

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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 10-20-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-02

Daytime Phone #

HYTEC CORP.

111 North Commerce Ave.

Sebring, Florida 33870

Office 863-402-1232 Fax 863-382-0087

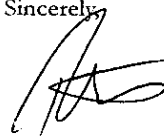
October 9, 2002

State of Florida Division of Corporations

Dear Sir or Madam:

I spoke with Barbara at your office today about a Fictitious Name that I wanted to register. There was a problem with it because when I filled out the paperwork I had my Hytec Corp. as the owner on the business. It had been sent back to me because there was a problem with "Hytec Corp." so when I called Barbara let me know that a memo was sent out that my FIN was missing but I never received that notice. I had all of my paperwork filed in time as required by the state and all fees were paid as well now she was telling me that I need to fill out new paperwork. Please I am sending you this paperwork again and I am hoping that if there is anything that I need please call me @ 863-402-1232 or 863-402-1233 I have had problems in the past with the mail and I do not want to have any problems with corporate paperwork!

Sincerely,



Robert Viera
President