

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # **P01000095738**

1. Corporation Name

**P.M. TECH, INC.**

Principal Place of Business

**10545 SW 170 TERR  
MIAMI FL 33157**

Mailing Address

**10545 SW 170 TERR  
MIAMI FL 33157**

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

**10/02/2001**

5. FEI Number

**65-1148405**

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	MARTINEZ, JUAN C SR	10545 SW 170 TERR	MIAMI FL 33157
DVST	LOPEZ, DENISE	10545 SW 170 TERR	MIAMI FL 33157

**900008812029  
11/09/02--01100--009 \*\*150.00**

8. Name and Address of Current Registered Agent

**LOPEZ, DENISE  
10545 SW 170 TERR  
MIAMI FL 33157**

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

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

**X 11-01-2002**

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

**JUAN C. MARTINEZ SA**

Date

Daytime Phone #

**11-1-02 (305) 252-2659**

CR2E040 (8/02)

P.M. TECH INC  
10545 SW 170 TERR  
MIAMI, FL 33157  
(305) 252-2659  
FEI 65-1148405

31 OCTOBER, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

THIS LETTER IS TO REQUEST A WAIVER OF REINSTATEMENT FEE FOR NON RECEIPT OF TWO PRIOR UBR NOTICES. I WAS TOTALLY UNAWARE OF THE OBLIGATIONS TO THE DEPARTMENT OF STATE. PLEASE ACCEPT MY APPLICATION ALONG WITH THE \$150.00 NON PENALTY FEE. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL ME AT THE ABOVE TELEPHONE NUMBER.

SINCERELY,

  
JUAN C MARTINEZ SR.  
PRESIDENT