

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000114189

1. Corporation Name

ASTROTED, INC.

Principal Place of Business

3715 SEGOVIA ST. APT 2
CORAL GABLES FL 33134

Mailing Address

3715 SEGOVIA ST. APT 2
CORAL GABLES FL 33134

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

12/03/2001

5. FEI Number

65-1157862

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
PD	RAMIREZ, FELIPE	3715 SEGOVIA ST, APT 2	CORAL GABLES FL 33134

100009740881
12/30/02--01077--006 **150.00

8. Name and Address of Current Registered Agent

RAMIREZ, FELIPE T
3715 SEGOVIA ST, APT 2
CORAL GABLES FL 33134

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

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

Daytime Phone #

CR2E040 (8/02)

December 27, 2002

In reply to: Astroted, Inc.

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314-6327

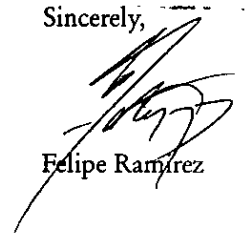
Dear Mr. Smith,

SUBJECT: RENEWAL FEE

Enclosed find Money Order in the amount of \$150.00 made to Florida Department of State Division of Corporations. I would appreciate your consideration and approval in accepting the aforementioned in order to renew Astroted, Inc. as a Corporation legally organized and incorporated in the State of Florida.

Notwithstanding the above mentioned, It is my intention to explain to you that the undersigned never received the necessary information in the mail required to renew Astroted, Inc.

Sincerely,



Felipe Ramirez