

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 25 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056522

1. Corporation Name

ELECTROTECH TRADING, INC.

**FILING CANCELLED
RETURNED CHECK**

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

888 BRICKEL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

888 BRICKEL AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/2002

5. FET 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

WILLIAM ROZELLI, PA

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

901 BRICKEL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

200247222312
04/25/13--01009--014 **2100.00

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

William Rozelli
REGISTERED AGENT MUST SIGN

Date 04/18/2013

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
P	VERGARA, LUISA G	2332 Galiano Street	Coral Gables, Florida, 33134
VP/T	MOREIRA, CARLOS	2332 Galiano Street	Coral Gables, Florida, 33134
S	TENDERO, RAFAEL L	2332 Galiano Street	Coral Gables, Florida, 33134
			S. HAWKES
			APR 29 2013
			EXAMINER

REINSTATEMENT
2004/13

10. E-mail Address:

(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2013

3054428239

Date

Daytime Phone #