

T. Roberts JUN 02 2005


PS 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY 23 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 02000079453**

1. Corporation Name

OSMO TEC SACV CO.

2. Principal Office Address

980 S. River Road

Suite, Apt. #, etc.

3. Mailing Office Address

980 S. River Road

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

11-3645726

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

Roger Bisset

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

980 S. River Road

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

5/20/2005

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
PSTD	Jose Alberto Cervera Berron	Calle 72 No. 395-A (Entre 37 y 39) Col. Garcia Gineres	Merida, Yucatan 97070 Mexico

10. 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: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/2005

Date

941-474-6214

Daytime Phone #

CR2E081 (01/05)

OsmoTec SACV, Co. ¹⁸²⁶²

Englewood, May 20, 2005

Florida Department of State,
Division of Corporations

Re: Corporation Reinstatement

To Ms. Tina Roberts:

OsmoTec SACV has been operating out of the original address since October 16th, 2002 first at 205 Base Avenue, Venice, FL 34285 and on February 2nd, 2003 at 980 South River Road, Englewood, FL 34223.

My Client

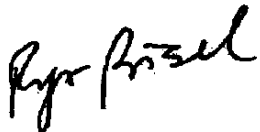
did not receive the annual tax filing form at this address (980 South River Road, Englewood) for 2003, 2004 and 2005, and these forms may have been discarded or forwarded from the original or former corporation's address to the Venice location, however nobody from this second location have forwarded any documents to us at 980 South River Rd., Englewood, FL 34223.

I would like to request a waiver on the late report fees and reinstatement fee, as I was told when I called your office, I should write a check for the amount of \$450.00

If you need to contact me, please do so at my telephone 941-474 6214, fax 941-474 6216 or by e-mail at osmotecsa@aol.com.

Thank you very much for your understanding to these matters.

Best regards,



Roger Biset
Manager,
OsmoTec SACV

980 South River Road, Englewood, Florida 34223 USA

Tel: (941) 474-6214

Fax: (941) 474-6216

email: osmotecsa@aol.com