

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099655

1. Corporation Name

SPANISH TRANSLATORS INCORPORATED

Principal Place of Business

Mailing Address

1200 SW 20 STREET  
BOCA RATON FL 33486  
US

1200 SW 20 STREET  
BOCA RATON FL 33486  
US

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

09/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1425433

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	PITA, LOURDES	1200 SW 20 STREET	BOCA RATON FL 33486

500024855195  
11/19/03--01044--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITA, LOURDES  
1200 SW 20 STREET  
BOCA RATON FL 33486

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

*Loures Pita*

REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

*Loures Pita*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/03 561-716-1070

CR20040 (7/03)

## **Spanish Translators** — *Your translation partner*

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November 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

I am submitting reinstatement form for Spanish Translators and request to have the reinstatement fee waive since the corporation did not receive the two prior uniform business report (UBR) notices. I am including a check for \$150.00 for the remaining fees.

Please contact me with any question. You may reach me at 561-716-1070.

Sincerely,



Lourdes Pita  
Managing Director  
Spanish Translators