

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 OCT 23 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000102074**

1. Corporation Name

INTELTECH CORPORATION

Principal Place of Business

1459 SW 18 AVE
FT LAUDERDALE FL 33312

Mailing Address

1459 SW 18 AVE
FT LAUDERDALE FL 33312

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

09/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

13-4211860

Not Applicable

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
D	SODERMAN, DARYL	1459 SW 18 AVE	FT LAUDERDALE FL 33312
D	CUMMINGS, SCOTT	1323 SE 17 ST #572	FT LAUDERDALE FL 33316
D	EDER, PAUL R	30884 DELGADO LN	BIG PINE KEY FL 33043
D	STEPS, DALE	5613 MICHEL RD	MOUNTAIN RANCH CA 95246

200024057752
10/23/03--01089--021 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SODERMAN, DARYL
1459 SW 18 AVE
FT LAUDERDALE FL 33312

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

Date **10-10-03**

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

951-478-2701

Daytime Phone #

CR2040 (7/03)