

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 MAY 26 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-06 *ESC*

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 2/26/2003

5. FEI Number 51-0450540
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000023393

1. Corporation Name

Sepritec of Florida, Inc.

2. Principal Office Address

11010 NW 30 St

Suite, Apt. #, etc.

Suite 104

City & State

Miami Florida

Zip

33172-5032

Country

USA

3. Mailing Office Address

11010 NW 30 St

Suite, Apt. #, etc.

Suite 104

City & State

Miami, Florida

Zip

33172-5032

Country

USA

7. Name and Address of Current Registered Agent

Name

Jose Oller

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

11010 NW 30 St

Suite, Apt. #, Etc.

104

City

Miami

State

FL

Zip Code

33172-5032

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

REGISTERED AGENT MUST SIGN

Date 5/22/06

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
D	Daniel Oller	11010 NW 30 St Ste 104	Miami Fl 33172-5032
D	Jose Oller	11010 NW 30 St Ste 104	Miami Fl 33172-5032

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 contained in Chapter 119, 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

5/22/06
Date

305-529-9098
Daytime Phone #