

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:18

DOCUMENT # P03000102756

**1. Corporation Name**

Intel Surveillance Tech Inc

900130904869  
06/05/08--01028--012 \*\*450.00

B 5/28/07  
REINSTATEMENT 04-08  
CR2E081 (12/07)

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

470 NE 123 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33161

Country

USA

**3. Mailing Office Address**

470 NE 123 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33161

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/18/2003

**5. FEI 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

Victor Permiachkin

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

470 NE 123 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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 04/30/2008

**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
CIO	Jose Yanes	470 NE 123 ST	Miami/FL/33161
CFO	Adam Santana	1301 NE Miami Gardens Dr #1616W	Miami/FL/33179
CIO	Danny Said	1830 S Ocean Dr #3404	Hallandale/FL/33009
CFO	Victor Permiachkin	500 Bayview Dr #424	Sunny Isles Beach/FL/33160
			900130904869 06/05/08--01028--010 **150.00
			900130904869 06/05/08--01028--011 **150.00

**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

04/30/08

Date

786-554-1794

Daytime Phone #