

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2007 FEB -8 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4000059888**

1. Corporation Name

BISCAYNE INFORMATION TECHNOLOGY, INC.

900088285369
02/14/07--01010--008 **450.00

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

12102 SW 110 ST CIR S

3. Mailing Office Address

12102 SW 110 ST CIR S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

CR2E081 (1/07)

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

04-07-2004

5. FEI Number

10-0991481

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

ROBERT H. ALONSO

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

12102 SW 110 ST CIR S

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/5/2007**

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
PRES	ROBERT H. ALONSO	12102 SW 110 ST CIR S.	MIAMI / FL / 33186
			B. 2/9/07
			REINSTATEMENT 05-07

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07
Date

305-218-0319
Daytime Phone #

May 2012

Robert H. Alonso
Biscayne Information Technology, Inc.
12102 SW 110 Street Circle South
Miami, Florida 33186
305-428-0936

Mr. Tyrone Scott
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref. Number: P04000059888

Dear Mr. Scott,

As per your request, I am requesting an abatement of the reinstatement fee. My original corporation was applied for and issued with an address that changed some two months later. I made the necessary changes with the Florida Department of Revenue but never received any notices about the annual fee.

Subsequently, the Corporation was dissolved without my knowledge. I just became aware of this last month and immediately followed-up with a letter and a check for the three years not paid.

I am therefore re-submitting the check for \$450.00 in the hopes that my Corporation is reinstated. I am also enclosing a filled-out form# CR2E081 (1/07).

Your cooperation in this matter will be sincerely appreciated. Should you have any questions, please do not hesitate to contact me.

Graciously,



Robert H. Alonso

cc:rha, sab