

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB -3 PM 4:48

DOCUMENT # P07000002891



1. Entity Name
NUTECH USA INC

Principal Place of Business
2333 NW 92 AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
2333 NW 92 AVENUE
CORAL SPRINGS, FL 33065



2. Principal Place of Business - No P.O. Box #

5784 NORTH SABLE Circle
Suite, Apt. #, etc.

3. Mailing Address

5784 N. Sable Circle
Suite, Apt. #, etc.

01282009 REIN-P CR2E098 (1/07)

City & State

Pompano BEACH, FL

Zip
33063

Country
U.S.A

City & State

Pompano BEACH, FL

Zip
33063

Country
U.S.A

4. FEI Number

20-8204047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KADAR, SHAKIL
2333 NW 92 AVENUE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SHAKIL KADAR
Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

1/28/09
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KADAR, SHAKIL
STREET ADDRESS 2333 NW 92 AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800142731088
CITY-ST-ZIP 02/03/09--01020--022 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAKEEL KADAR (SHAKEEL KADAR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/09 954-934-6493
Date Daytime Phone #