

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 3:50

DOCUMENT # P10663

1. Corporation Name

UNITRONICS CORPORATION N.V.

Principal Place of Business

Mailing Address

3650 HACIENDA BLVD  
SUITE H  
FT. LAUDERDALE FL 33314  
US

3650 HACIENDA BLVD  
STE H  
FT. LAUDERDALE FL 33314  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1986

5. FEI Number

59-2684045

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GONZALEZ, ARNALDO	%AV CIRCUMVALCION DELSOL	CARACAS, VENEZUELA
SD	ROJAS, RAUL	AVE. FRAN. BILBAO, 2168	SANTIAGO, CHILE
T	WINTER, JORGE	AVE. FRAN. BILBAO, 2168	SANTAGOO, CHILE
			8000004467698--1 -07/10/01-01069--022 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name  
MARTA CARDONA

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

3650 HACIENDA BLVD, SUITE H & I

Suite, Apt. #, Etc.

City  
FT. LAUDERDALE

State

FL

Zip Code

33314

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/26/01

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

Mano Copelento Managing Director

Date

6/26/01

Daytime Phone #

(954) 792-6024

CR2E040 (9/00)