## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P92000003314  1. Corporation Name SOUTECH, INC.  Principal Piece of Business  Mailing Address of Business  Mailing Address of Sun State (Principal Piece Address are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses are incorrect in any way, line through incorrect information and enter correction to BEANTATEMENT  2. New Principal Piece Addresses of Country  2. Sell Number  2. Sell Number  3. New Residence of End Office and or Disposed of Addresses of End Office Addresses of End Office and or Disposed of Addresses of End Office and Office and or Disposed of Addresses of End Office and Offi		PPLICAT FOR NSTATE			Katherine Secretary			FILED SECRETARY OF DIVISION OF CORE	F STATE PORATIONS	
Principal Place of Business  Mailing Address  1751 SOUTHWEST STH ST. POMPAND BEACH FL 30099  If above addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If above addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If above addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If above addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If a bove addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If a bove addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If a bove addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If a bove addresses are incorrect in any way, line through incorrect information and enter correction being and the proposated or Country  If a bove and addresses of Each Officer and/or Director  If a country  If a	1. Corpor	oration Name			1,0					
1791 SOUTHWEST 6TH ST. POUPAND BEACH FI. 30089  If above addresses are incorrect in any way, line through incorrect information and enter correction temperature in formation in fo	SOLTE	ECH, INC	<i>ک</i> .							
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Ci	1751 SOUT POMPANO	JTHWEST 8TH S' D BEACH FL 330	ST. 1069	1751 SOUTHV POMPANO BE	WEST 8TH ST. EACH FL 33069				Α	
Suite, Agit., acc.  Suite,			incorrect in any way, Address, If Applicable			d enter correction beldwill ress, If Applicable	4. Date Incorr To Do Bus			
To Country  To Cou	·						5. FEI Numbe	er	Applied For	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at each officer and/or Directors)  7. Names and Street Addresses of Each Officer and/or Directors  8. Street Address of Each Officer and/or Directors  9. Title(a) 2. Name of Officers and/or Directors  1751 SOUTHWEST 8TH ST. POMPANO BEACH Ft. 33069  WEIGHTRANIA FUBBRIT. POMPANO BEACH Ft. 33069  1751 SOUTHWEST 8TH ST. POMPANO BEACH Ft. 33069  1751 SOUTHWEST 8TH ST. POMPANO BEACH Ft. 33069  1751 SOUTHWEST 8TH ST. POMPANO BEACH Ft. 30069  1751 SOUTHWEST		te	Country			Country			\$8.75 Additional Fee required	
Table (a)  Report of the corporation have been distanced agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  11. Lectily that I am an officer or director or the receiver or trustee employed to this form do not qualify for an exemption under section 119.07(3)(6), F.S., that all fees over by the corporation have been distance that have the same ligal effects at mode under section 119.07(3)(6), F.S. The information indicated on this application is true and acception stance as a major point or the same ligal effects at mode under section 119.07(3)(6), F.S. The information indicated on this application is true and acception stance as a major point or the same ligal effects at Mayor Company or the information indicated on this application is true and acception, the requirements of section 19.07(3)(6), F.S. The information indicated on this application is true and acception, and majories stall have the same ligal effects at I mode under oath.  SIGNATURE:	`	Street A					<u> </u>	E OF STATUS DESIRED L		
MAURICIO MONTOYA  WEIGENBAUM, FIGBERT  1751 SOUTHWEST ATTH ST.  POMPANO BEAGHT I.  SIDILATE TO THE ST.  1751 SOUTHWEST ATTH ST.  POMPANO BEAGHT I.  SIDILATE TO THE ST.  1751 SOUTHWEST ATTH ST.  POMPANO BEAGHT I.  SIDILATE TO THE ST.  1751 SOUTHWEST ATTH ST.  1752 SIDILATE THE ST.  1752 SIDILATE THE ST.  1753 SOUTHWEST ATTH ST.  SIDILATE THE S	Title(s)	2	Name of Offic and/or Directo	icers	3	Street Address of Each Officer and/or Director	:h	4		
8. Name and Address of Current Registered Agent  HENKEL, TIM  O +10 BRICKELL AVE PENTHOUSE 9 FLOOR SILVER, & GARNETT & HENKEL MIAMI FL 33131  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  11. I cartify that I am an officer or director or the receiver or trustee empowered to execute this application, the reason-local association has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S that all fees owed by the corporation have been fail and the Parges of individuals listed on this form do not qualify for an exemption under section 119.07(3)(6, F.S. The information indicated on this application is true and accupite, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:	V			NTOYA	1751 SOU	THWEST 8TH ST.		POMPANO BEACH F	£ 33069	
8. Name and Address of Current Registered Agent  HENKEL TIM TIM O HE BRICKELL AVE PENTHOUSE 9 FLOOR SILVER, 1 GARVETT & HENKEL MIAMI FL 33131  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 PEO FLOOR Silver Agent P	Bro.		_		1751 <b>90U</b> T	HWEST STINST.		POMPANO BEAGIFT	-T	
HENKEL, THA TIM O 110 BRICKELL AVE PENTHOUSE 9 FLOOR SILVER, 3 GARVETT & HENKEL MIAMI FL 33131  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  REGISTERED AGENT MUST SIGN  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 filling this reinstatement application, the reason for disposition 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 said and the harnes 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 accupate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  Name    Menket   Menket   Street Address (P.O. Box Number is Not Acceptable)   Not Acceptable		,					<del></del>	-12/12/01	-01075008	
HENKEL, TIM TIM O 110 BRICKELL AVE PENTHOUSE 9 FLOOR SILVER, 3 GARVETT & HENKEL MIAMI FL 33131  Signature of Registered Agent  Times 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 filling 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 raid and the harmes 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 accupate, and my signature shall have the same legal effect as it made under oath.  SIGNATURE:  Name  Street Address (P.O. Box Nurgber is Not Acceptable)  Site Agr. H. F.E.  Suite, Apt. H. Etc.  Penhause  Site Zip Code  The Site Zip Code  The Site Zip Code  The Site Zip Code  Site Zip Code  Site Zip Code  Site Zip Code  The Site Zip Code  Site Zip Code  Site Zip Code  The Site Zip Code  Site Zip Code  The Site Zip Code  The Site Zip Code  The Site Zip Code  The Site Zip Code  Site City  The Site Zip Code  Site Zip Code  The Site Zip Code  Site Zip Code  The Site Zip Code  Site Zip Code  The Site Zip Code  The Site Zip Code  Site City  The Site Zip Code  The Site Zip Code  The Site City  The Site Zip Code  The Site City  The Site City  The Site City  The Site Ci		8. Nar	me and Address of (	Current Registered Ag	jent		9. Name and	Address of New Registe	ered Agent	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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 filling 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 failed and the harpes 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:	SILVEI MIAMI	HENKEL, TIM TIM  O 110 BRICKELL AVE PENTHOUSE 9 FLOOR SILVER, & GARVETT & HENKEL  MIAMI FL 33131  Name  Street Address  VIO BO  Suite. Apt. #, E  Penth						(P.O. Box Number is Not Acceptable)  CKELL Avenue  to:  Nouse  State Zip Code 3  FL 33/3		
this reinstatement application, the reason fer 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 fail 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 Registered	e of	Jim D.	ACAR DE REGISTERED AG	GENT MUST SH	Sign		Date	2/01 AD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rei owed t on this	einstatement app by the corporate is application is t ATURE:	pplication, the reason attorn have been said at true and accurate, and	for dissolution has been and the names of individual not signature shall ha	n eliminated, the iduals listed on the same le	he corporate name satisfies this form do not qualify for legal effect as if made under	s the requirements r an exemption und	ts of section 607.0401 or 61 nder section 119.07(3)(i), F	F.S. The information indicated	