

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PC13000008953**

1 Corporation Name

**COMERCIO Y TECNICA LTD INC**

Principal Place of Business

**6300-30 NW 84 AV  
MIAMI, FL 33166**

Mailing Address

**13250 SW 96 ST  
MIAMI, FL 33186  
USA**

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

**4-2-1993**

5. FEI Number

**65-0400837**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIRECTOR	JORGE NORIEGA LABRIN	13250 SW 96 ST	MIAMI, FL 33186
DIRECTOR	MARIA DE LA LUZ TRONCOSO HERRERA NORIEGA	13250 SW 96 ST	MIAMI, FL 33186
SEC	MARISOL NORIEGA	13250 SW 96 ST	MIAMI, FL 33186

8. Name and Address of Current Registered Agent

**MARISOL NORIEGA  
13250 SW 96 ST  
MIAMI, FL 33186  
USA**

9. Name and Address of New Registered Agent

Name

**200002142602-6**

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

**-04/14/97-01153-009**

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

Date **8 APRIL 1997**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information  
on intangible tax.)

12. 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

**8 April 1997** **305-388-3621**  
Date Daytime Phone #

CR2E040 (12/96)