

HO4000057306 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

04 MAR 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000008958*

I. Corporation Name

02 Tech Equipment Inc.

1. Principal Office Address

7801 Coral Way
Suite, Apt. #, etc.
101

2. Mailing Office Address

414 SW 134 CT
Suite, Apt. #, etc.

REINSTATEMENT *03-04*

City & State

Miami FL

City & State

Miami FL

4. Date Incorporated or Qualified To Do Business in Florida

02/05/1993

5. FEI Number

65-0985357

Applied For

Not Applicable

Country

33155 Miami, Dade

Zip

33184

Country

Miami, Dade

6. CERTIFICATE OF STATUS DESIRED ☐

SB.75: Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miriam C. Nel Sol

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

414 SW 134 CT

Suite, Apt. #, Etc.

City

Miami Florida

State

FL

Zip Code

33184

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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
<i>ST</i>	<i>Miriam C. Nel Sol</i>	<i>414 SW 134 CT</i>	<i>Miami FL 33184</i>

I certify that I am an officer or director of 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)(b), 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:

Miriam C. Nel Sol

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3/11/93

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

O2 TECH & EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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