PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

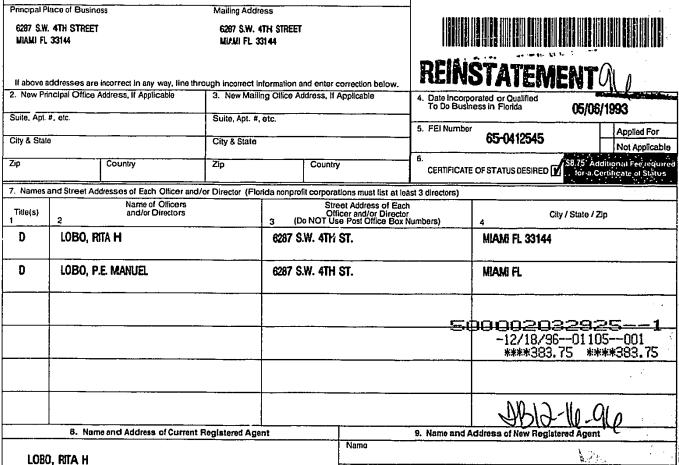
DOCUMENT # **P93000033801**1. Corporation Name

HIGH TECHNOLOGY INDUSTRIES CORPORATION

FILED

96 DEC 13 AM 9: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



10. I, being appointed the registered agent of the above named corporation, am lamiliar with and accept the obligations of Section 607.0505, F.S

Signature of Registered Agent Puth Thuraids

6287 S.W. 4TH STREET MIAMI FL 33144

REGISTERED AGENT MUST SIGN

Date Dec /9/94

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No [

Sulte, Apt. #, Etc.

Cllv

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

(See other side for information on intangible tax.)

Zip Code

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 incleated on this application is true and accurate, and my signature shall have the same logal effect as if made under eath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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CR2E040 (7/96)