

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 10 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061231

1. Corporation Name

ALLTRAK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~168 SE 1ST STREET~~

MIAMI FL 33131

4120 NW 26th Street  
MIAMI FL 33142

168 SE 1ST STREET

MIAMI FL 33131

4120 NW 26th Street  
MIAMI FL 33142

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

08/30/1993

5. FEI Number

65-0445511

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANTUNES, ALBERTO ANTUNES	3703 NE 166TH STREET, #404	N. MIAMI BEACH FL 33160
		180 SE 7th Street # 7 Deerfield Beach FL 33441	

600003213416--9  
-04/18/00--01111--005  
\*\*\*\*\*908.75 \*\*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANTUNES, ALBERTO

3703 NE 166TH STREET

#404

N. MIAMI BEACH FL 33160

180 SE 7th Street # 7  
Deerfield Beach FL  
33441

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 01/29/00

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/00  
Date

Daytime Phone #

KE

CR2E040 (8/99)