PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED

01 JUN -5 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/13/01--01078--024
****908.75 ****908.75

DOCUMENT # P93000080759

1. Corporation Name
ALTEK CONSULTING GROUP, INC.
7420 SW 48 ST
MIAMI FL 33155

2. Principal Office Address	3. Mailing Office Address
7420 SW 48 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33155 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 650450369 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA ROMANO

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******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 10243 SW 126 ST

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 6/4/01
REGISTERED AGENT MUST SIGN

CR2E056 (9-00)

9. 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
P	LEVI, AUDREY	15175 SW 111 ST	MIAMI FL, 33155
VP	ROMANO, MARIA	10243 SW 126 ST	MIAMI, FL 33176
S	FREUND AGNES	6485 SW 52 ST	MIAMI, FL 33155

REINSTATEMENT 00-01
MW

10. 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: _____ 6/4/01 305-663-8391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #