

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081923

1. Corporation Name

MIAMI TECH LINE MAINTENANCE SUPPORT INC.

Principal Place of Business

Mailing Address

PO BOX 998645
MIAMI FL 33299
US

PO BOX 998645
MIAMI FL 33299
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



~~08-26-03-90023-043 \$150.00~~

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0452316	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
P	ROMERO, TOMAS	4788 NW 103 CT	MIAMI FL
VP	Lawe, Jose	6735 W 6 AV	HILLDALE, FL
VP	Rodriguez Amasovic	3611 SW 138 AV	MIAMI, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMERO, TOMAS 5600 NW 36 ST. SUITE 344 MIAMI FL 33178		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/6/03

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

Date

10/6/03

Daytime Phone #

CR2E040 (7/03)



Florida Department of State
Division of Corporations
Tallahassee, Florida

Miami, Florida
October 15, 2003

Re: Miami Tech Line Maintenance
Support, Inc.
Document No. P9300001923

Sirs: We are respectfully requesting abatement of any applicable fees for late filing or reinstatement for the following reason:

1. During the year 2002 the Corporation changed its name and address.
2. We did not receive the original Uniform Business Report.
3. We did file and paid timely on March 12, 2003. Copy of check #1173 attached.
4. We resubmitted the report and the check was cashed on August 28, 2003.

We do not understand why a notice of dissolution was issued. Please take into consideration that the report was filed on time and the payment was made.

Respectfully

by: 
Tomas Romero