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 # 193000084134 1. Corporation Name

SATRACK, INC.

Principal Place of Business

Mailing Address

							ì				
			(1	same)							
8260 NW 27th Street									a po 1. 199		
Suite 405						RFIN	STATEN	IEN	1 97		
Miami,Florida 33122							i limita	Ollinmi			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								DO NOT WRITE I	THIS SPACE	av	
				ing Address, If Applicable			To Do Rueinese in Floride				
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #,	, etc.							
City & State City & State			City & State					•		/	
			0, 0.0				6			Not Applicable	
Zip	Cou	untry	Zip		Country			TE OF STATUS DESIRED			
7. Names a	and Street Address	es of Each Officer and/o	or Director (Flo	rida nonprofit	corpora	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number CERTIFICATE OF STATUS DESIRED CITY / State / Zip City / State / Zip City / State / Zip AS ABOVE AS ABOVE SAME AS AB					
Trtle(s)	Name of Officers and/or Directors										
				1		· · · · · · · · · · · · · · · · · · ·	······) E			
Pres	Pres JORGE E. PINEDA-GALLO							· I			
				· · · · · ·	f	<u> </u>		PILPATI	FLICKID	H 33122	
Trea	JORGE E. PINEDA-GALLO			SAME AS ABOVE				SAME AS ABOVE			
											
Secr	HECTOR LUC	SAME AS ABOVE			SAME AS ABOVE						
VP	DARIO SALAZAR			SAME AS ABOVE				SAME A	SAME AS ABOVE		
							=	2000021	1070	626	
								-03/07/9701042003			
								***108	80.00 *	**1080.00	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
Street Addr.							(P.O. Box Number is Not Acceptable)				
∤ • •						· '	• •				
						Suite, Apt. #, Etc.	-C	AN DUYD.		**************************************	
						City			State Zip	Code	
						CORAL	GABLES		FL 3	3134	
10. I, being	10. I, being appointed the registered agent of the above named porporation, am familiar with and accept the obligations of Section 607.0505, F.S.										
Signature of Palacial Malloc											
Registered		my	CISTEPED AC	ENT MUST S	elcen!		·····	Date	18/44	-	
	_,	`'E'	Jaieneu Au	LET WUSTS	PICIN			·			
11. Do	es this corp	poration pay a	ny intang	ible tax	to th	e Itas Vas l	No.[(See (other side for i	nformation	
	:.//. UI DEVE	anae muaer 🖰	1 22 11.37	F 11 11 14 124	OIM	THE THE !	(10/11	Y I	on intendition	IAU I	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE PINEDA.

(305)447-699

Daytime Phone #

FILED

97 MAR -5 PM 4: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA