

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-94000019780

1. Corporation Name

FINTEC INC

2. Principal Office Address

4901 NW 17 WAY

3. Mailing Office Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

03/10/1994

5. FEI Number

65-0479928

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

SANCHEZ, ALBERTO

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

615 NE 12th AVE 600029308366

Suite, Apt. #, Etc.

303

City

FORT LAUDERDALE

State
FL

Zip Code

33304

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

2/16/2004

REGISTERED AGENT MUST SIGN

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
DP	ALBERTO SANCHEZ	615 NE 12 AVE	FORT LAUD., FL 33304
V	ANA SANCHEZ	615 NE 12 AVE	FORT LAUD., FL 33304

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 (854) 462-9095
Date Daytime Phone #

CR2E081 (01/04)



4901 NW 17th Way, Suite 501
Ft. Lauderdale, FL 33309

<http://www.fintec-usa.com>
E-mail: fintec.usa@fintec.net

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Hereby we petition the waiver of the fees for the Uniform Business Report for the year 2003 for our company FinTec, Inc, with FEI # 65-0479928. We have not received at our mailing address the Annual Uniform Business Reports for the years 2003 or 2004. Our mailing address is:

FinTec, Inc.
4901 NW 17th Way
Suite 103
Fort Lauderdale, FL 33309

We have also included a reinstatement form for our corporation, FinTec Inc., as well as the fees for the filing in the years 2003 and 2004.

For further questions or additional information, please contact me at (954)536-4207.

Sincerely,

Ana Sánchez
VP
FinTec, Inc.

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JAN 14 2004