CAPITAL CONNECTION 850 222 1222 06/02 '99 10:34 NO.793 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUN -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059569

1. Corporation Name
PUBLI-TECH, INC

Principal Place of Business / Mailing Address
8515 N.W. 29TH STREET
MIAMI FL 33122

300002894783--3
-06/04/99--01025--005
***1200.00 ***1200.00

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0511808
☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	JORGE ALFONSO	8515 NW 29TH ST	MIAMI FL 33122

REINSTATEMENT 96-99 B.

300002894783--3
-06/04/99--01025--006
******8.75 ******8.75

8. Name and Address of Current Registered Agent
MARGARITA OLANO
8501 NW 17TH ST
MIAMI FL 33126

9. Name and Address of New Registered Agent
Name: JORGE ALFONSO
Street Address (P.O. Box Number is Not Acceptable): 8515 NW 29TH STREET
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33122

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 _____ REGISTERED AGENT MUST SIGN Date 6/2/99

11. This corporation owes the current year intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 6/2/99 305-470-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JORGE ALFONSO
Date Daytime Phone #