

APPROVED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1997 JUL 17 9 56 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1997 JUL -9 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000033013			
1. Corporation Name PRACTIK COMPUTER TECHNOLOGY, CORP.			
Principal Place of Business 7210 Red Road, Suite 219 South Miami, FL 33143		Mailing Address Same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 3625 NW 82nd Ave. Suite, Apt. #, etc. Suite 301 City & State Miami, FL 33166 Zip 33166		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 04/27/1995		5. FEI Number 65-0575299	
6. Certificate of Status Desired ☒ X		7. 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
PSD	Jorge Glosa	3625 NW 82nd Ave., Suite 301 Miami, FL 33166	33143
REINSTATEMENT '96-'97			
SCC 7-9-97			
8. Name and Address of Current Registered Agent Isabella Glosa 7210 Red Road, Suite 219 South Miami, FL 33143		9. Name and Address of New Registered Agent Name Jorge Glosa Street Address (P.O. Box Number is Not Acceptable) 3625 NW 82nd Ave., Suite 301 Suite, Apt. #, Etc. City Miami State FL Zip Code 33166	
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 <i>Jorge Glosa</i> Date 7/7/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: <i>Jorge Glosa</i>		7/7/97	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	
Prepared by: Jorge Glosa 3625 NW 82nd Ave., Suite 301 Miami, FL 33166 (305) 592-3720			

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FLORIDA DIVISION OF CORPOR

PUBLIC ACCESS SYSTEM
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((H97000011156 1))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: PRACTIK COMPUTER TECHNOLOGY, CORP.

AUDIT NUMBER.....H97000011156

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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