PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046202

1. Corporation Name

SWISSTEC INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
1673 N.W. 79TH AVENUE MIAMI FL 33126 US	2200 CORPORATE BLVD., SUITE 312 BOCA RATON FL 33431

REINSTATEMENT 98-99 AR

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33126 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1995

5. FEI Number: 65-0586437 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee Required

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
PD	PEYER, PAUL	1673 N.W. 79TH AVENUE	MIAMI FL

900002874458--8
-05/13/99--01108--015
****900.00 ****900.00

8. Name and Address of Current Registered Agent:

RUIZ, HUMBERTO E
~~2200 CORPORATE BLVD., SUITE 312~~
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Numbers Not Acceptable): 2798 NW Boca Raton Blvd #18
Suite, Apt. #, Etc.: SUITE 18
City: Boca Raton State: FL Zip Code: 33431

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: _____ Date: 4/30/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: _____ / _____ (305) 470-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #