

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 OCT 19 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000092463

1. Corporation Name

SPACE, ENERGY, TIME, SAVINGS  
(S.E.T.S.) Systems Inc.

Principal Place of Business

Mailing Address

6900 N.W. 72 Ave  
MIAMI FL 33166

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

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/95

5. FEI Number

650623872

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   |
|-------------|--------------------------------------|--|---|
| Pres.       | GEROME V. Morabito                   | 1304 ARTHUR ST<br>Hollywood FL 33019   |   |
| V. Pres.    | CARLOS A. Cabrera                    | 45 WEST 44 ST  | Hiialeah FL 33012   |
|             |                                      |  | 000003031130--2<br>-11/01/99--01117--005<br>*****700.00 *****700.00 |
|             |                                      |  | 000003031130--2<br>-11/01/99--01117--006<br>*****200.00 *****200.00 |
|             |                                      |  | 000003031130--2<br>-11/01/99--01117--007<br>*****8.75 *****8.75     |

8. Name and Address of Current Registered Agent

ROSA M. Cabrera  
45 West 44 St  
Hiialeah, FL 33012

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

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

*Rosa M. Cabrera*  
REGISTERED AGENT MUST SIGN

Date 10/12/99

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 taxes 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 furnished on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Carlos A. Cabrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Daytime Phone #

305  
8639420

CR2E061 (12/96)