

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**

98 MAY -1 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000070746**

1. Corporation Name

**MEGATECH INTERNATIONAL CORP.**

Principal Place of Business  
**1825 PALM COVE BLVD #106  
DELRAY BEACH FL 33445**

Mailing Address  
**1825 PALM COVE BLVD #106  
DELRAY BEACH FL 33445**

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

2. New Principal Office Address, If Applicable

**1745 PALM COVE BLVD  
SUITE # 207  
DELRAY BEACH FL**

3. New Mailing Office Address, If Applicable

**1745 PALM COVE BLVD  
SUITE # 207  
DELRAY BEACH FL**

4. Date Incorporated or Qualified  
To Do Business In Florida

**08/21/1996**

5. FEI Number

**65-0717803**

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
D	KHAN, SAFAQUAT H	<del>1825 PALM COVE BLVD #106</del> <b>1745 PALM COVE BLVD # 207</b>	DELRAY BEACH FL 33445

~~400002516254-2~~  
~~05/07/98-01126-016~~  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name  
**SAFAQUAT KHAN**  
Street Address (P.O. Box Number Is Not Acceptable)  
**1745 PALM COVE BLVD**  
Suite, Apt. #, Etc.  
**# 207**  
City  
**DELRAY BEACH**

State  
**FL**

Zip Code  
**33445**

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

**SAFAQUAT KHAN**

Date **1/10/98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAFAQUAT KHAN**

**02-01-98 (581) 274-6587**

Date

Daytime Phone #

CFR2040 (8/97)