

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

00 FEB -4 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085850 (1)

1. Corporation Name

Alfatecnica Corp.

Principal Place of Business

3541 NW 115 Ave
Miami, FL 33178

Mailing Address

3541 NW 115 Ave.
Miami, FL 33178

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/96

5. FEI Number

65-0700579

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Devia, Henry	5925 NW 110 Court	Miami, FL 33178
D	Devia, Daniel	5925 NW 110 Court	Miami, FL 33178
D	Devia, Julia A.	5925 NW 110 Court	Miami, FL 33178
			9000003136599--3 -02/16/00--01006--004 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Malfeld, Gary D. Esq
2600 Douglas Road
Suite 905
Coral Gables, FL 33134

Name

Devia, Daniel

Street Address (P.O. Box Number is Not Acceptable)

5925 NW 110 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

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.)

KE

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

Date

Daytime Phone #

02/03/2000

(305)6392526

CR2E040 (1/98)