

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 25 AM 8:00

DOCUMENT # P96000101005

1. Corporation Name

ALL TECH PAGING, INC.

12805 SW 105 TERRACE

2. Principal Office Address

12805 SW 105 TERRACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business In Florida 12/13/1996

5. FEI Number

20-1517342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

97-04

MRS

000040496490

08/25/04--01043--002 **1808.75

7. Name and Address of Current Registered Agent

Name

FILEMON ORTEGA

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

12805 SW 105 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 08/20/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIM PLANK	6026 SW 33 STREET	MIAMI, FLORIDA 33155
V	FILEMON ORTEGA	12805 SW 105 TERRACE	MIAMI, FLORIDA 33186

10. 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

08/20/2004

Date

305-934-1183

Daytime Phone #

CR2E081 (01/04)