

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PA7000001290

1. Corporation Name

TOTMTECH COMMUNICATIONS

2. Principal Office Address

3. Mailing Office Address

7305 SW 107 AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33173

MIAMI-
DADB

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/97

5. FEI Number

65-0718948

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEE BERMAN

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

12945 SW 34 PL.

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33144

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-03/14/00--01119--037
***1050.00 ***1050.00

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

[Signature]

Date 3/1/00

REGISTERED AGENT MUST SIGN

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
PRES	LEE BERMAN	12945 SW 34 PL.	DAVIE, FL 33144
SECTY- TREAS	FRANCINA BERMAN	12945 SW 34 PL.	DAVIE, FL 33144
			KE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE
BERMAN

Date

3/1/2000 (305) 412 9476

Daytime Phone #