

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000037785

1. Corporation Name

ON-TECHNOLOGIES, INC.

Principal Place of Business

7741 SW 93 AVE.
MIAMI, FL. 33173

Mailing Address

7741 SW 93 AVE.
MIAMI FL. 33173

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

2. New Principal Office Address, If Applicable

8201 NW 68 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7390 SW 107 Ave
Suite, Apt. #, etc.
203

City & State
MIAMI FL

Zip
33166

Country

U.S.A.

City & State
MIAMI FL.

Zip

33173

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04-28-97

5. FEI Number

65-0749209

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/P	CUAREZMA, RAFAEL	7390 SW 107 AVE. #203	MIAMI, FL. 33173

4000002798764-- 9
-03/09/99--01016--019
****900.00 ****900.00

8. Name and Address of Current Registered Agent

RAFAEL CUAREZMA

9. Name and Address of New Registered Agent

Name

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

7390 SW 107 AVE.

Suite, Apt. #, Etc.

203

City

MIAMI

State
FL

Zip Code

33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02-26-99

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 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

02-26-99

Date

Daytime Phone #