PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 22 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059379

1. Corporation Name
OPTIWATCH, INC.

W99-25947

Principal Place of Business
HEMISPHERE CENTRE
3042 N.W. 82 AV
MIAMI FL 33122

Mailing Address
HEMISPHERE CENTRE
3042 N.W. 82 AV
MIAMI FL 33122

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/97 SP

5. FEI Number: 65-0767449 | 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT P.	HERMAN SOLORZANO	17447 S.W. 20th CT.	MIRAMAR FL 33029
DIRECTOR	FORTUNATO FARACHE	6407 ANTIGUA DORAL ISLES	MIAMI FL 33178

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****908.75 ****908.75

8. Name and Address of Current Registered Agent
STEPHEN RAPPORT
201 ALHAMBRA CIR. SUITE 711
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
Name: HERMAN SOLORZANO
Street Address (P.O. Box Number is Not Acceptable): 3042 N.W. 82 AV
Suite, Apt. #, Etc: HEMISPHERE CENTRE
City: MIAMI | State: FL | Zip Code: 33122

10. I hereby appointed the registered agent of the above named corporation. I am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date 11.02.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I hereby certify that I am an officer or director of 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 the 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 due 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: HERMAN SOLORZANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-99
Date

(305)4702828
Daytime Telephone

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