

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
RE STATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000067263

1. Corporation Name

AEROTECH RESOURCES, INC.

2. Principal Office Address

8725 S.W. 152nd Avenue

Suite, Apt. #, etc.

319

City & State

Miami, Florida

Zip

33193

Country

USA

3. Mailing Office Address

8725 S.W. 152nd Avenue

Suite, Apt. #, etc.

319

City & State

Miami, Florida

Zip

33193

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08-04-97

5. FEI Number

65-0774784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT **UB**

7. Name and Address of Current Registered Agent

Name

Carl H. Hoffman

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

241 Sevilla Avenue

Suite, Apt. #, Etc.

900

City

Coral Gables

State

FL

Zip Code

33134

800000351-4938-6  
-12/27/00--01080--007  
\*\*\*\*758.75 \*\*\*\*758.75

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

Date

12-13-00

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
P/S/D	Ruiz, Carlos E.	8725 S.W. 152nd Avenue	Miami, Florida 33193

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 furnished 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

12/14/2000 3058711860

Daytime Phone #

x 223

CR2001 (0/99)