

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 2:31

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P97000086595

1. Corporation Name

BOSTON TECH INC

2. Principal Office Address

8045NW 36TH STREET

Suite, Apt. #, etc.

535

City & State

MIAMI - FL

Zip

33166

Country

USA

3. Mailing Office Address

8045NW 36TH STREET

Suite, Apt. #, etc.

535

City & State

MIAMI - FL

Zip

33166

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/97

5. FEI Number

65-0784730

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

MARCO M. OLIVEIRA

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

8045NW 36TH STREET

Suite, Apt. #, Etc.

535

City

MIAMI

State

FL

Zip Code

33166

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 3-11-02

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	KEYLLA M. BARROS	13650NW 4TH ST #102	PEMBROKE PINES - FL 33028
VICE	MARCO M. OLIVEIRA	13650NW 4TH ST #102	PEMBROKE PINES - FL 33028
DIRECT	EDISON M. CUNHA	14756SW 132CT	MIAMI - FL 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] - MARCO M. OLIVEIRA

3-11-02

786-3317779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)