

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 29 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000091948**

1. Corporation Name

United Technology Partners, Inc.

2. Principal Office Address

18221 181st Circle South

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33498

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1997

5. FEI Number

650911245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Matthew Sarnelli

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

18221 181st Circle South

Suite, Apt. #, Etc.

City

Boca Raton, FL 33498

State

FL

Zip Code

33498

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

REGISTERED AGENT MUST SIGN

Date

7/23/04

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	Matthew Sarnelli 18221	18221 181st Circle South Boca Raton, FL 33498	Boca Raton, FL 33498

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Sarnelli

Date

7/23/04 561-483-3365

Daytime Phone #

CR2E081 (01/04)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

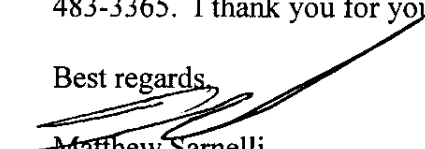
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399
Attn: Ms. Marquitta Williams
Re: Document P97000091948

Dear Ms Marquitta Williams:

This letter is to inform you that I wish to reinstate my corporation. Unfortunately, due to my not receiving my notices I was unaware until recently that the corporation was dissolved. As such I am requesting an abatement of the reinstatement fee. In the interest of time and assuming the abatement is approved, I am enclosing the necessary forms as well as a reinstatement check in the amount of \$450.00.

--- Please feel free to contact me should you have any questions. I can be reached at 561-483-3365. I thank you for your attention to this matter.

Best regards,



Matthew Sarnelli
President
United Technology Partners, Inc
18221 181st Circle South
Boca Raton, FL 33498