

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 15 AM 9:17

DOCUMENT # P98000004909

1. Corporation Name

MICRO-TEC HOMES, INC.

Principal Place of Business

12400 SUMMER SPRINGS DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

12400 SUMMER SPRINGS DRIVE  
BOYNTON BEACH FL 33437



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

380 NW 67th ST  
APT 105

Suite, Apt. #, etc.

BOCA RATON

Zip

33487

Country

PALM BEACH

3. New Mailing Office Address, If Applicable

380 NW 67th ST  
APT 105

Suite, Apt. #, etc.

BOCA RATON

Zip

33487

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/1998

5. FEI Number

65-086477

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	MICHAEL J LOCIGNO	12400 SUMMER SPRINGS DR	BOYNTON BEACH 33437
U/P	P.A. BARATTA	380 NW 67th ST	BOCA RATON 33437
SECTY	P.A. BARATTA	380 NW 67th ST	BOCA RATON 33437
			000003021780---G -10/22/99--01014--002 ***750.00 ***750.00 10/20

8. Name and Address of Current Registered Agent

LOCIGNO, MICHAEL J  
12400 SUMMER SPRINGS DRIVE  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name P.A. BARATTA  
Street Address (P.O. Box Number is Not Acceptable)  
380 NW 67th ST  
Suite, Apt. #, Etc.  
APT 105  
City BOCA RATON  
State FL  
Zip Code 33487

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

P.A. Baratta

Date 10-14-99

REGISTERED AGENT MUST SIGN

11. 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:

P.A. Baratta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99 (561) 416-5736

Date

Daytime Phone #