

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

p98000010963

1. Corporation Name
ROBOTEC USA, INC

2234 NW 82 AVENUE
2234 NW 82 AVENUE

2. Principal Office Address
2234 NW 82 AVENUE

Suite, Apt. #, etc.

100598

City & State

MIAMI, FL

Zip

33122

Country

USA

3. Mailing Office Address

2234 NW 82 AVENUE

Suite, Apt. #, etc.

100598

City & State

MIAMI, FL

Zip

33122

Country

USA

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 01/30/1998

5. FEI Number
650910280

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

JAIME CAICEDO

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

2234 NW 82 AVENUE

Suite, Apt. #, Etc.

100598

City

MIAMI

State

FL

Zip Code

33122

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]

REGISTERED AGENT MUST SIGN

Date 2004/09/16

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	JAIME CAICEDO	2234 NW 82 AVENUE SUITE 100598	MIAMI, FL 33122

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

2004/09/16

Date

(305) 493-1414

Daytime Phone #

CR2001 (01/04)