

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 98000015253

1. Corporation Name

ALLTECH ENGINEERING SERVICES
INC.

Principal Place of Business

ND

Mailing Address

1940 S.E. 2ND ST
POMPANO BEACH
FL 33060

SAME
1940 S.E. 2ND ST.

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

2. New Principal Office Address, If Applicable

SAME AS

3. New Mailing Office Address, If Applicable

SAME.

Suite, Apt. #, etc.

ADOVE.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 NOV 22 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

2-16-98

5. FEI Number

A1602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SEE INSTRUCTIONS ON REVERSE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIRECTOR	ANGELO SPANO 801 N.W. 49TH WAY COCONUT CREEK FL 33063		500003063355--1 -12/07/99--01077--007 *****8.75 *****8.75 500003063355--1 -12/07/99--01077--006 *****750.00 *****750.00
"	G.H. USMAN 1940 S.E. 2ND ST. POMPANO BEACH FL 33060		LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

G.H. USMAN

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

1940 S.E. 2ND ST.

Suite, Apt. #, Etc.

City

POMPANO FL

State

Zip Code

FL 33060

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

REGISTERED AGENT MUST SIGN

Date 11/10/99.

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

CR2001 (12/98)