

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT

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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000027753

1. Corporation Name

BETALOGIC INC
10773 NW 58 ST #333
MIAMI, FL 33178

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

10773 NW 58 ST.

Suite, Apt. #, etc.

333

City & State

MIAMI, FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/98

5. FEI Number

65-0849028

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

MENDES, LUIS

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

10773 NW 58 STREET

Suite, Apt. #, Etc.

333

City

MIAMI

State
FL

Zip Code

33178

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 11/16/00

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	MENDES, LUIS	10773 NWS8 ST # 333	MIAMI / FL / 33178
			KE

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

11/16/00

Date

305-3736184

Daytime Phone #

Betalogic Inc.

2082

P98-
27753

November 16 . 2000

Ms Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report for Betalogic Inc, FEIN # 65-0849028

Dear Ms Harris

A few days ago I was told that my corporation was not active because the Annual report for the years **1999 and 2000** had not been paid. I did not receive the Annual Report for the year **1999 nor 2000** . I would like to request waive of penalties, it would be difficult for me to send that amount of money. Please accept my apologies, I promise that I will send the annual report payment before May 1st , every year. Enclosed is a money order in the amount of US\$ 300,00 for the years 1999 and 2000 . My new address is 10773 N.W. 58 Street suite # 333, Miami FL 33178

Thanking you in advance for your understanding

Sincerely


Luis Mendes - President

10773 NW 58th Street - Miami - Florida - FL 33178 - USA
Phone: (305) 373-6184 / Fax: (305) 436-1133
e-mail : alphatech@alphatech.com.br