

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT #**

**P98000080116**

1. Corporation Name

**OVERTEC INTERNATIONAL INC.**

**FILED**

**01 FEB -5 PM 3:27**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1000 Ponce de Leon Blvd.  
Suite 327  
Coral Gables, FL 33134**

**1000 Ponce de Leon Blvd.  
Suite 327  
Coral Gables, FL 33134**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/16/98**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0863192**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
<b>P/D</b>	<b>GUSTAVO RICCIO</b>	<b>1000 Ponce de Leon Blvd. Suite 327</b>	<b>Coral Gables, FL 33134</b>
<b>S</b>	<b>EDUARDO RICCIO</b>	<b>1000 Ponce de Leon Blvd. Suite 327</b>	<b>Coral Gables, FL 33134</b>
			<b>700003661277-1</b>
			<b>-02/08/01--01033--017</b>
			<b>***1050.00 ***1050.00</b>
			<b>REINSTATEMENT 99-01 78</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Rafael Aldereguia  
645 Bird Road  
Coral Gables, FL 33146**

Name

**David Lawrence**

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

**1428 Brickell Avenue**

Suite, Apt. #, Etc.

**8th Floor**

City

**Miami**

State

**FL**

Zip Code

**33131**

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

*David R. Lawrence*

REGISTERED AGENT MUST SIGN

Date **1-30-01**

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  
**Gustavo Riccio, President**

Date

**1/30/01**

Daytime Phone #

**305 718 4919**

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