

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 25 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-03

900014680339  
03/25/03--01041--014 \*\*1050.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000087912**

**1. Corporation Name**

INFORMATION TECHNOLOGY CENTER CORPORATION

**2. Principal Office Address**

7260 NW 58TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/14/1998

**5. FEI Number**

65-0999222

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 **MARIA SAENZ**

Street Address (P.O. Box Number is Not Acceptable) **7260 NW 58TH STREET**

Suite, Apt. #, Etc.

City **MIAMI**

State  
**FL**

Zip Code  
**33166**

**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

*Maria Saenz*

REGISTERED AGENT MUST SIGN

Date **03/06/2003**

**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	MARIA SAENZ	7260 NW 58TH STREET	MIAMI, FL 33166

**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:

*Maria Saenz*

MARIA SAENZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2003, 305-513-0059

Date

Daytime Phone #

CR2E081 (10/02)

3/31