

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -5 AM 11:59

DOCUMENT # P98000100676

1. Corporation Name

FLORIDA TECH SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2026 N.E. 155 STREET
NORTH MIAMI BEACH FL 33162

~~2026 N.E. 155 STREET
NORTH MIAMI BEACH FL 33162~~

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

2. New Principal Office Address, If Applicable

~~3741 Sunny Isles Blvd,
Suite, Apt. #, etc.
Suite 117~~

3. New Mailing Office Address, If Applicable

~~3741 Sunny Isles Blvd,
Suite, Apt. #, etc.
Suite 117~~

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1998

5. FEI Number

65-0879376

Applied For

Not Applicable

City & State

Sunny Isles, FL

City & State

Sunny Isles, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

6. 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	4 City / State / Zip
D	FREITAS, LEO	2026 N.E. 155 STREET	NORTH MIAMI BEACH FL 33162

900003046459--9

11/16/99-01103-011

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, DISNEY D
169 E. FLAGLER STREET
SUITE #1527
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10-29-99

11. 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 #