

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 PM 4:54

DOCUMENT # **P98000108308**

1. Corporation Name

Figtek Corporation

2. Principal Office Address

10141 NW 51 Lane

Suite, Apt. #, etc.

City & State

Miami

Zip

FL

Country

33178

3. Mailing Office Address

10141 NW 51 Lane

Suite, Apt. #, etc.

City & State

Miami

Zip

FL

Country

33178

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

12/31/98

5. FEI Number

65-0885859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oscar Figueroa

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

10141 NW 51 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

800004316108-4
-05/24/01--01097--020
***\$300.00 ***\$300.00

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

5/4/01

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
ASTD	Oscar Figueroa	10141 NW 51 Lane	Miami, FL 33178

185/22

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

Date

5/4/01 (305) 468-8500

Daytime Phone #

CR2E081 (9/99)