

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000040321

1. Corporation Name

U.S. TECHNOLOGY & SCIENCE - REAL ESTATE CORP.

Principal Place of Business

3133 SW 25TH STREET
BAY 2
PEMBROKE PARK FL 33009

Mailing Address

~~4801 LAKEVIEW DR~~
~~MIAMI BEACH FL 33140~~

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

2. New Principal Office Address, If Applicable

~~210 NE 102nd Street~~
~~Suite, Apt. #, etc.~~

~~Building~~
~~City & State~~
~~Miami Shores Florida~~

~~Zip~~ 33138 ~~Country~~ USA

3. New Mailing Office Address, If Applicable

~~210 NE 102nd Street~~
~~Suite, Apt. #, etc.~~

~~Miami Shores~~
~~City & State~~
~~FL-33138~~

~~Zip~~ 33138 ~~Country~~ FL

REINSTATEMENT 03



700025219497

12/04/03--01016--004 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1999

5. FEI Number

65-0919735

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BURLET, MATHIAS	4801 LAKEVIEW DR 210 NE, 102nd Street	MIAMI BEACH FL 33140 Shores FL-33138
VP	BURLET, MARCO	4801 LAKEVIEW DR 210 NE, 102nd Street	MIAMI BEACH FL 33140 Shores FL 33138
C	Karen Burlet - Burlet	210 NE, 102nd Street	Miami Shores FL-33138

8. Name and Address of Current Registered Agent

~~MARCOUS JOHN A~~
~~9000 SW 72 AVE, CTE 330~~
~~MIAMI FL 33156~~

9. Name and Address of New Registered Agent

Name DAN MARTINEZ

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

6711 SW 5 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/22/03

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

11/30/03 305 801 8284

Daytime Phone #

CR2E040 (7/03)