

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

03 FEB 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000063391

1. Corporation Name

Holguin Technology Inc

2. Principal Office Address

15751 Sheridan St

Suite, Apt. #, etc.

#166

City & State

Ft. Lauderdale

Zip

33331

Country

Broward

3. Mailing Office Address

← New Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0936133

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

Business Filing Incorporated

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

1000 West Ave.

Suite, Apt. #, Etc.

No #1114

City

MIAMI Beach, FL

State

FL

Zip Code

33139

400013096954

02/25/03--01085--012 **1350.00

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

M. Schff, RVP

Date 2/21/03

REGISTERED AGENT MUST SIGN

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
Director	Elina Gomez	15751 Sheridan St #166	Ft. Lauderdale FL 33331

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:

Elina Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

(954) 558-3528

Daytime Phone #

2/21/03