

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

00 OCT 23 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078389

1. Corporation Name

Solutions For Technology International  
Inc.

2. Principal Office Address

2300 MAITLAND CENTER PARKWAY

Suite, Apt. #, etc.

317

City & State

MAITLAND

Zip

32751

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

MARIO ARTEAGA

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

2300 MAITLAND CENTER PARKWAY

Suite, Apt. #, Etc.

317

City

MAITLAND

State

FL

Zip Code

32751

400003440164-2  
-10/26/00--01044--013  
\*\*\*\*158.75 \*\*\*\*158.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-23-00

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
VP.	MARIO ARTEAGA	3468 E. 54TH AVE APT 401 FL	
P.	CHRIS LOVIN.	1686 N. W. 10th St APT 401 FL	

TS 00482

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/99)



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October 23, 2000

Dear Sir or Madam:

We never received any notices to concerning our annual report due to the fact that the attorney' office that we were using for our mailing address has gone out of business.

Sincerely,

Christopher Lavin  
President