


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 DEC -4 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**  
*2000 UBR*

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

**DOCUMENT #** *19900082124*

**1. Corporation Name**

Lansight Technologies, Inc.

**2. Principal Office Address**

13940 SW 136 Street, 107

Suite, Apt. #, etc.

Suite 107

City & State

Miami, FL

Zip 33166

Country USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/1/999

**5. FEI Number**

65-0954787

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

*Nera Crespo*

*500003501485-6*

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

*3150 NW 99 Place*

*-12/14/00--01023-014*

*\*\*\*\*150.00 \*\*\*\*150.00*

Suite, Apt. #, Etc.

City

*Miami*

State

FL

Zip Code

*33172*

**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

Date

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
Pres	Gary A. Bloise	14845 SW 178 Terrace	Miami, FL 33187
VP/Sec	Victor A. Benitez	14920 SW 167th Street	Miami, FL 33187

**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

*11/27/00 (305) 278.1866*

Date

Daytime Phone #

CR2E081 (9/99)