

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000107523**

1. Corporation Name

EXPLO TECH SERVICES, INC.

2. Principal Office Address

4813 NW 183 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33055

Country

DADE

3. Mailing Office Address

4813 NW 183 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33055

Country

DADE

REINSTATEMENT

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

12/13/1999

5. FEI Number

65-0967829

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

ROMAN ARIAS

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

20040 NW 63 AVENUE

Suite, Apt. #, Etc.

City

HIACLEAH

500023402925

09/29/03--01080--006 **500.00

500023402925

09/29/03--01080--007 **250.00

FL

33015

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 **SEPT. 22, 2003**

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
P	OMAR SOLANO	20040 NW 63 Avenue	HIACLEAH, FL. 33015

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:

OMAR SOLANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

Daytime Phone #

CR2E081 (10/02)