

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 29 11 33 AM
SEC. TALLER

DOCUMENT # S10620

1. Corporation Name

Sentec Scientific, Inc.

2. Principal Office Address

301 Civic Court

Suite, Apt. #, etc.

104

City & State

Homestead

Zip

33030

Country

Miami-Dade

3. Mailing Office Address

301 Civic Court

Suite, Apt. #, etc.

104

City & State

Homestead

Zip

33030

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

October 23, 1990

5. FEI Number

65-0228872

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

Roobik Azarnia

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

5911 SW 81 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

Roobik Azarnia

REGISTERED AGENT MUST SIGN

Date 09/20/06

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
PD	Roobik Azarnia	5911 SW 8 Street	Miami, FL 33143

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 contained in Chapter 119, 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:

Roobik Azarnia

ROOBIK AZARNIA

09/20/06

786-243-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

SENTEC SCIENTIFIC, INC.

September 20, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I hereby respectfully request waiver of the reinstatement fee for the years 2001-2006 in the amount of \$600.00. I did not receive the 2001 annual report renewal notification form.

Attached please find a check in the amount of \$900.00 to cover for the annual report fee for the years 2001- 2006.

If you have any questions do not hesitate to contact me at 786-243-7576.

Sincerely,

Roobik Azarnia



301 Civic Court, Suite 104, Homestead, FL 33030
Telephone: 786-243-7576
Fax: 786-243-7603
E-mail: roobik@sentescientific.com