

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15841

1. Corporation Name

STAT TECHNOLOGIES INC.

Principal Place of Business

8181 N W 36TH ST
STE 5C
MIAMI FL 33166
US

Mailing Address

8181 N W 36TH ST
STE 5C
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8181 NW 36TH ST

Suite, Apt. #, etc.
#2

City & State
MIAMI FL

Zip
33166

Country
MIAMI - Dade

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1992

5. FEI Number

65-0315881

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PBT	GABRERA, RAMON	8181 N W 36TH ST., STE 5C	MIAMI FL
VPS	GABRERA, RAMON	8181 N W 36TH ST., STE 5C	MIAMI FL 33166
D	MARITZA CABRERA	8181 NW 36TH ST #2 MIAMI, FL 33166	

7000003052277
11/18/02--01083--010 **750.00

8. Name and Address of Current Registered Agent

GOSS, PHILLIP
1172 SOUTH DIXIE HWY
PMB 188
MIAMI FL 33146

9. Name and Address of New Registered Agent

Name

MARITZA CABRERA

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

8181 NW 36TH ST

Suite, Apt. #, Etc.

#2

City

MIAMI

State
FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Maritza Cabrera
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

11. 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:

Maritza Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02 (305) 471-4581

CR2E040 (8/02)